
R.N.
Dec 1947

R.N.

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Circulation 150,000 registered nurses monthly.

DECEMBER 1947, VOL. 11, NO. 3

Contents

Cover scene: Holy Name Hospital, Teaneck, N.J.
Cover photo by George Pickow.
Picture feature from Three Lions.

Doctor? Lawyer? Merchant? Chief?

What will these babies be in 25 or 50 years?

Many things and many people will shape their lives, of course. Parents, home, friends, teachers. And one big factor will be health.

Fortunately, babies born today enjoy far more chance of good health and long life than their parents or grandparents did. For example, only 30 years ago, one baby out of every 10 died before its first birthday. Today, the rate is less than one in 20. And the average span of human life has lengthened from about 55 to 66 years.

This priceless gift of life and health has come largely through the skill and research of the medical profession. And nutrition has played a part.

Good eating contributes to good health. Our knowledge of what to eat and when and why has vastly increased in recent years. It will grow even faster in the years ahead —aided by research in great laboratories like those of National Dairy. There, National Dairy men and women work constantly with milk, *nature's most nearly perfect food* — protecting its quality — creating new foods and products from it.

As medical and nutritional research advance together, they carry the hope of healthier citizens and a better world.

Dedicated to the wider use and better understanding of dairy products as human food . . . as a base for the development of new products and materials . . . as a source of health and enduring progress on the farms and in the towns and cities of America.

This advertisement is appearing currently in leading Medical Journals, and is reprinted here for your information.

"... the benzedrine inhaler
can be satisfactorily employed
for young children for the relief
of obstructive symptoms
in the nasopharynx due either
to infection or to allergic edema.
No untoward symptoms were noted
from the use of the inhaler."

Vollmer, E. S.: Arch. Otolaryng. 26:91.

small fry welcome this therapy

Youngsters say "I like it because it doesn't sting and because it makes my nose feel better."

For children's use between office treatments, many physicians recommend 'Benzedrine' Inhaler, N.N.R., because of its wide margin of safety, its ease of application and the prompt relief of nasal congestion which it affords. (An adult should supervise therapy and retain possession of the tube.)

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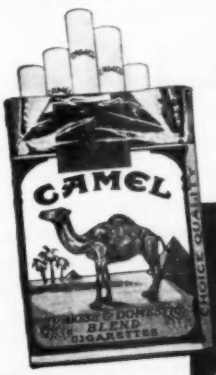
Benzedrine Inhaler a better means of nasal medication

T.M. REG. U.S. PAT. OFF.

Each Benzedrine Inhaler is packed with racemic amphetamine, S.K.F., 250 mg.; menthol, 12.5 mg.; and aromatics.

Yes! And experience is the best teacher in smoking, too!



DURING the wartime cigarette shortage, people smoked—and compared—many different brands... any brand they could get. That's when so many learned the big differences in cigarette quality. And, out of that experience, smokers found that Camels suit them best. As a result, ***more people are smoking Camels than ever before!***

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Winston-Salem, N. C.

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MORE DOCTORS SMOKE CAMELS

than any other cigarette

Three nationally known independent research organizations asked 113,597 doctors to name the cigarette they smoked. *More doctors named Camel than any other brand.*

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WHITEHALL

DEBITS & CREDITS

LAYMAN SPEAKS

Dear Editor:

With regard to lay participation in one national nursing organization, there seems to be a prevailing fear among nurses that certain specialized groups might join the organization with the specific idea of gaining control. Occasionally, minority groups do seize power, but wouldn't a decision concerning any matter of major importance have to come before a biennial convention? And in the time between conventions, if anyone were trying to get away with something, wouldn't the nurses know it? The only nursing conventions I have ever seen

have been anything but fast asleep!

If lay participation need not be feared, what are its potential advantages? The **R.N.** article ["What Miss Geister Said," *June 1947*] refers to those who have been working with the organizations up to the present as "hand picked." Well, no one handpicked me. Like many thousands of other women, I believed that in time of war women's front line was nursing. I plunged in, and in the course of time and most unexpectedly I found myself on the Board of the National League of Nursing Education. At the first meeting I attended, I wondered whether I would ever be able to understand all of the complicated structure of the various nursing organizations. Rather than running away, I wound my feet firmly around the rungs of the chair and, in time, light began to break.

At the end of a two-year term, it seemed to me that there were several things that I, as a lay person, might do. I could try to explain to the nurses a little of how nursing appeared to the outside world, and I could tell the public what I knew

about nurses. In the average person's mind, if the individual nurse does well the employer, Mr. Public, approves of nursing. If she doesn't do well, Mr. Public disapproves and says all nurses are "like that." Mr. Public knows nothing of the combination of science and practical work that has gone into the training of the individual nurse.

Nurses, at least many of the good ones, have been so absorbed in their demanding jobs that they have had little time to explain themselves to their public, and their public has failed to estimate their capacities.

The difficult and important business of making each side understand the other is therefore a province in which the interested lay-

man can help a great deal. It can be done much better if these interested lay people are admitted to the nursing councils.

Then there are other services that lay members could perform for nursing. One is the raising of funds for various purposes. There are many people who can give a portion of their time to such work, but they are rarely interested unless they feel that they belong to the cause for which they are to work. Suppose there should be a few among them who have not the purity of motive one would wish that they had. While we do not condone that, nevertheless doesn't it exist in every group? Are the nurses themselves free of all selfseekers?

DOROTHY SHIPLEY WHITE
PENLLYN, PA.

DART DEFENSE

Dear Editor:

In defense of "Hypos DeLuxe" [R.N., Sept.], when I was a child I was one of the patients in the research and development clinic of the Scripps Metabolic Clinic in La Jolla, Calif. Over a period of two years I received 1 cc of pituitary extract every day, then every other day the following two years. My mother, a public health nurse, gave me the injections and used the "dart" method. I made it my childhood vow that if and when I became a nurse I would give hypodermics the fastest and most painless way I could.

I was an Army nurse over four years. During the Normandy inva-

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SEND FOR COMPLETE CATALOG

sion when penicillin treatments came into widespread use, I found that the "dart" system was far superior to the slower, more prolonged method. True enough, it is sheer torture if the nurse is careless and does not check her needles for sharpness, but given correctly and with good needles it gives far less pain and discomfort.

NELL DUNLOP ELLIS, R.N.
SAN DIEGO, CALIF.

CHALLENGED

Dear Editor:

Regarding the letter entitled "Oldest Grad" [R.N., August], I'd like to mention Miss Anna B. Clarke who resides in Brooklyn, N.Y. and Mrs. Elizabeth Wilcox Beckwith who resides in Connecticut. Both were graduated from the Bellevue Training School for Nurses in 1883. Miss Clarke is 94 years of age; Mrs. Beckwith, 89.

OLIVE A. EROH, R.N.
EXECUTIVE TREASURER,
ALUMNAE ASSOCIATION,
BELLEVUE TRAINING SCHOOL
NEW YORK, N.Y.

ANOTHER ADVOCATE

Dear Editor:

I was very much interested in the letter from R.N., Cincinnati [March] concerning group nursing. I, too, have thought the idea very sound but as yet have never seen it practiced. I have had friends in different parts of the states tell about voting down the idea of group nursing.

on duty... and off

Don't Be HALF-SAFE

Be ARRID-safe . . . Use ARRID to be sure

● Any Arrid user will tell you that this is good advice! You can't take a chance, personally or professionally, on a deodorant that's only half-safe for your daintiness . . . half-safe for your skin and clothes. That's why so many nurses use Arrid—to be sure. In fact, according to a recent national survey, more nurses use Arrid than any other deodorant.

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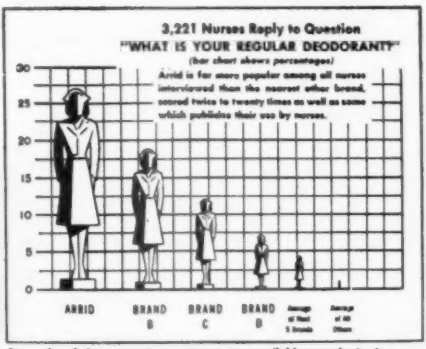
ONLY ARRID GIVES YOU THIS 3-WAY PROTECTION

1 Arrid really protects you from offending. Destroys underarm odor instantly on contact. Prevents future odor. Gives personal and professional protection.

2 Arrid really protects your clothes from offending. Stops perspiration so prevents stains and clinging odor on clothes. Creamy Arrid is a greaseless, stainless vanishing cream. Awarded the American Institute of Laundering Seal—"Harmless to Fabrics."

3 Arrid is really safe for skin, say leading skin specialists. Antiseptic, non-irritating. Arrid is used by more men and women than any other deodorant.



Research techniques, exact percentages, etc., available to authorized groups.

More Nurses use ARRID than any other deodorant

Also, there is a superintendent here who does not approve of the idea. She says the nurse who takes care of three patients would be making more than the general duty nurse and there would be dissatisfaction.

When a nurse is on general duty, she is many times assigned to care for several patients and the location of the patients never seems to make any difference. They may be at opposite ends of the hall and they still must be cared for and the extra number of steps between rooms has never been considered, to my knowledge. I have often questioned this arrangement of assignment of patients and have never been able to receive a good explanation.

If there are any nurses who have seen this plan worked successfully, I would also like to hear from them.

R.N., AKRON, OHIO

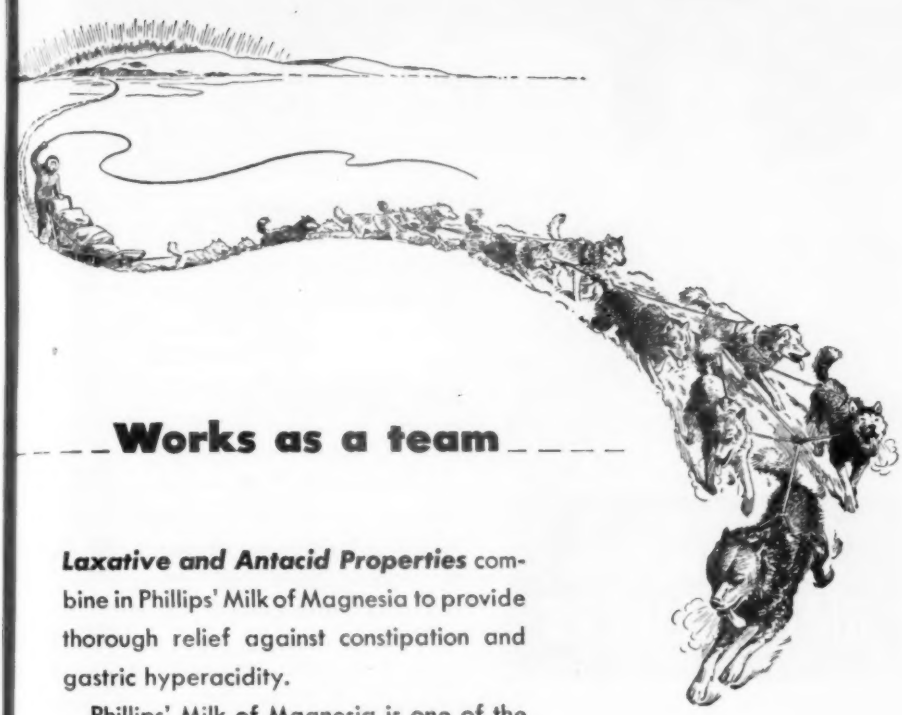
DISILLUSIONED

Dear Editor:

After reading "Nurses and Their Husbands" by one of the latter [R.N., August], I'd like to submit this sequel by "one of the former."

When I married I thought that I could continue in my chosen field, at least to gratuitously assist those of my acquaintance who needed nursing care. But, alas, I soon found out that my husband was the possessive type. Perhaps it was his innate helplessness that asserted itself, or it may have been his superiority complex. At any rate, he felt he needed me at home.

The result is that I have deterio-



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Phillips' Milk of Magnesia is one of the fastest neutralizers of hyperacidity known to science. Because it contains no carbonates, it produces no discomforting flatulence.

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DOSAGE:

Laxative:
2 to 4 tablespoonfuls

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1 to 4 teaspoonfuls, or
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Caution:
Use only as directed.

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Liquid
4-oz. bottle
12-oz. bottle
1-pt. 10-oz. bottle

Tablets
box of 30's
bottle of 75's
bottle of 200's

rated to a pitiful degree. I have not lost interest in the art of nursing, but I feel crushed and inadequate.

My advice to nurses considering marriage: Be careful. Find out beforehand what the gentleman's idea of a married nurse is. If it agrees with yours, all well and good. If not, for the sake of your work and suffering humanity, stay single!

R.N., KANSAS CITY, MO.

NO TUITION?

Dear Editor:

I believe that the number of applicants would be increased if the tuition which nurse training schools now require were either lowered considerably or removed altogether. I do believe that the work a student does is sufficient to pay for her training.

MARY L. PRICE, R.N.
PITTSBURGH, PA.

WHAT NEXT?

Dear Editor:

Recently I saw that a time clock had been installed in a certain hospital (the largest training school for nurses) in this city and I was shocked to learn that the nurses were required to punch in and out along with the janitors, handymen, dishwashers, maids, orderlies, practical nurses, etc. These are honest occupations but are common labor, not a labor of love as nursing is.

I was trained that on my honor as a nurse and as a professional woman I would always be early for

duty. How can a hospital instill this honor in their student nurses with a time clock?

I was also taught that on my honor I would not leave the floor until my work was completed. Can a time clock instill this thought? No, a time clock takes away the thought of honor and teaches people to be clock watchers—a very poor trait in a nurse.

R.N., TACOMA, WASH.

IN DEFENSE

Dear Editor:

I read with a great deal of interest the article in the March issue concerning Service Nurses' Legislation.

I was in the Medical Corps for over three years before I received my commission in another branch of the Army. A good portion of that time I was a technical sergeant in charge of psychiatric wards, and I am wondering if other men nurses ran into the same situation that I did when it came to the placing of women nurses on the psycho wards. Most of the nurses with whom I worked had little or no training in the handling of psychotic patients, and very few of them had any desire to work in those wards. The wards, as a consequence, were staffed with corpsmen.

If a man has chosen nursing as his profession, why deny him a position equal to that of a woman discharging the same sort of duties in a military organization?

Statements such as that issued from the Offices of the Surgeons Gen-

petrolatum ... as a covering dressing ... effective against potential infection and burn pain ... doctors find

Nature heals the burn. But medical science, through the bitter experience of war and civilian disaster, has now developed a new treatment for creating optimal healing conditions.

Together with plasma and internal chemotherapy, petrolatum ... known widely as 'Vaseline' Petroleum Jelly ... is important in this new care of burns, as a covering dressing against invasive bacteria ... soothing ... non-irritating to cells. Effective against burn pain ... covering exposed sensory nerve endings.

'VASELINE' PETROLEUM JELLY is the world's leading brand of PETROLATUM U.S.P.

In a study of 5,609 minor industrial burns[1], when 84 different methods of burn treatment were used it was found that burns treated with simple petrolatum healed in an average shorter time, and required average fewer dressings, than did burns treated with all other preparations observed.

'Vaseline' Petroleum Jelly, for covering burn surface wounds and for impregnating gauze dressings, is available at drug stores everywhere ... in tubes and jars. 'Vaseline' Borated Petroleum Jelly in tubes only.

1. J.A.M.A. 122:909 (July 31) 1943

Vaseline
REG. U.S. PAT. OFF.
PETROLEUM JELLY

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eral do neither the profession of nursing nor, for that matter, the medical profession any good. Coming at this particular time when the Department of Public Health and Welfare is campaigning so vigorously for young people to enter the profession of nursing, such statements do a considerable amount of harm. Is it any wonder that men, of whom in particular there is a great lack in the profession, should feel that in entering nursing they would be choosing a life work of which they would be a little ashamed and for which they would be forced to apologize?

RALPH W. SCHRADER, R.N.
LOS ANGELES, CALIF.

IT'S A GIFT

Dear Editor:

I have been receiving **R.N.** for several months and have wondered why I have not received a bill for the subscription. It was through an **R.N.** subscriber that I sent my name and credentials to you and received the magazine.

How can you publish such a wonderful magazine free of charge?

(MRS.) ELIZABETH GERIG, R.N.
WOOSTER, OHIO.

[**R.N.**, *although requiring no subscription fee, has a controlled circulation. Published by an independent publishing company and supported by the revenue from its advertising, its sole purpose is to offer information and provide an avenue of communication for all R.N.'s.*—THE EDITORS.]

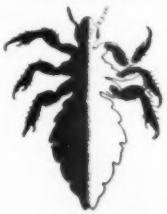
New Dependability...
New Rapidity of Action

in the control of

SCABIES and PEDICULOSIS

Quickly Lethal for

The Sarcoptes scabiei of scabies



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Kwell Ointment establishes a new high in therapeutic efficacy in the treatment of scabies and pediculosis. Its action is rapid, dependable, and positive. Pleasant to use, it produces no troublesome or disabling skin reaction or dermatitis. One application usually suffices for complete eradication; a second application is usually not required. Kwell Ointment contains 1% of the gamma isomer of 1,2,3,4,5,6-hexachlorocyclohexane in a vanishing cream base. At all pharmacies.

Literature sent to nurses on request.

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There's a difference in hands . . .

Nature protects the hands of the mason by keratinization, but the sensitive hands of the nurse must remain soft and supple.

To protect your hands from the effects of frequent scrubbing, strong detergents and antiseptics, use TRUSHAY. It does not interfere with the hygienic cleanliness produced by soap and water because it is used BEFOREHAND.

For hands that inspire patients' confidence—

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THE "BEFOREHAND" LOTION

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"Don't try to bribe me—I want D-P-T★"

Maybe babies don't cry for them—but they will be better protected with Cutter's combined vaccines. And run less risk of painful reactions, too! Here's why:

1. ***Phase I pertussis organisms*** for D-P-T are *grown on human blood* —to assure high antigenicity of organisms, and to avoid the danger of anaphylactic shock from heterologous animal protein.
2. ***Diphtheria and tetanus toxoids*** are so *purified* that every cc. contains well over a single human dose each.
3. ***Concentration of toxoids***—plus 40 billion Phase I pertussis organisms per cc.—permit a dosage schedule of only 0.5 cc., 1 cc., 1 cc.

You'll find advantages in another Cutter product, too—D-P-T *(Alhydrox)*. It provides higher immunity levels than alum precipitated vaccines. Cuts to a minimum such side reactions as persistent nodules and sterile abscesses. And presents less pain on injection because of a more physiologically normal pH.

Choose D-P-T—Plain or Alhydrox—you'll appreciate them in your practice.

★ *Cutter's brand of combined diphtheria, pertussis and tetanus antigens.*

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Need an "answer book" for parents in your practice? Write for gift copies of Cutter's new booklet—"How to Prevent Diseases of Children."

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Fine Biologicals and
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Time-honored . . . and first in Modern use for

CERTAIN DISINFECTION

▶ Nearly sixty years ago, nurses were using "Lysol"—the reliable, germ-killing disinfectant that *today* is the most widely used germicide in leading modern hospitals.

Nurses know how many doctors specify "Lysol" brand disinfectant for disinfecting sharps and cutting instruments . . . depend on its *sure* germicidal potency for postnatal care.

That's because nothing does as good a job as "Lysol," with its phenol coefficient of *5 . . . more than twice* that of ordinary cresol compound.

When it's up to *you* to specify a dependably effective disinfectant, you can safely say "Lysol" every time. Use it in private nursing, and for health's sake in your own housekeeping.

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SCIENCE SHORTS

Penicillin, in a beeswax or oil suspension, can now be administered more safely by the use of a punctule, developed by Dr. Martin Lasersohn of the Winthrop Chemical Company. It is a glass and neoprene tube, equipped with a double-end 21 gauge needle and filled with 300,000 units of the drug in suspension. Fitting into a hypodermic syringe, the fluid is released only after the doctor or nurse has determined that the needle is not in a vein. Under ordinary conditions, this is difficult to ascertain, since blood cannot be seen through the opaque mixture of the drug.

Governmental hospitals in 1946 with 73.7 per cent of U.S. bed capacity admitted only 33 per cent of all patients; whereas non-governmental hospitals with 26.3 per cent of bed capacity admitted patients totaling 67 per cent.

While acknowledging major advances in psychiatry, Dr. Luther Woodward, consultant to the National Mental Hygiene Committee, points out that the profession has failed to make useful knowledge available to the public. Truths, heretofore buried in big words, can and should be explained in simple English, says Dr. Woodward, and psychiatry, instead of overstressing conflicts within patients, should attempt to alleviate the social conditions which cause the conflicts.

A therapeutic ear lamp concentrating infra-red rays only where they are required, has recently been introduced for relief of earaches and inflammation. Comfortably held in place by means of a headband, it supplies warmth along the aural canal to the middle ear.

Authorities estimate that an average of only 269 persons out of every thousand pay an annual visit to a dentist.

Three Baltimore doctors report in the *J.A.M.A.* some success in treatment of asthma in children through irradiation of the nasopharynx with radon. The new treatment, by influencing the intensity and frequency of the asthma, allowed from total to 50 per cent relief in 68 per cent of the patients.

It is suggested by Dr. Samuel F. Ravenel of Greensboro, N.C. in the J.A.M.A. *that para-aminobenzoic acid, one of the vitamin B complex group, will eliminate practically all of the deaths from Rocky Mountain Spotted Fever.*

FOR BETTER NUTRITIONAL HEALTH IN THE AGED

Impaired strength and poor general health in the aged, which have so erroneously become associated with senility, are in reality often due to no more than a state of subnutrition. The use of an easily digested, nutritious food supplement can do much in preventing these nutritional deficiencies, and in giving new strength and vigor to older patients.

The delicious food drink made by mixing Ovaltine with milk is advantageously employed in augmenting the nutrient intake of the aged. This well rounded dietary supplement imposes no digestive burdens, and provides in generous amounts the very nutrients needed. The table indicates its rational nutritional composition. Two or three glassfuls daily bring to full nutritional acceptability even a fair diet.

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Ovaltine

Three servings daily of Ovaltine, each made of ½ oz. of Ovaltine and 8 oz. of whole milk,* provide:

CALORIES	669	VITAMIN A	3000 I.U.
PROTEIN	32.1 Gm.	VITAMIN B_2	1.16 mg.
FAT	31.5 Gm.	RIBOFLAVIN	2.00 mg.
CARBOHYDRATE	64.8 Gm.	NIACIN	6.8 mg.
CALCIUM	1.12 Gm.	VITAMIN C	30.0 mg.
PHOSPHORUS	0.94 Gm.	VITAMIN D	417 I.U.
IRON	12.0 mg.	COPPER	0.50 mg.

*Based on average reported values for milk.


BABY'S FIRST CHRISTMAS
This is the moment parents cherish—when tiny eyes sparkle at the glory of a tree, and small hands reach in wonderment for baby's first gifts. Mothers know glowing good health is the most precious of these gifts, and countless babies have been helped to attain it by a steady diet of White House Milk. Homogenized for easy digestibility, smooth, rich White House is fortified with pure vitamin D3. There's none better.
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Mother's first thought for infant feeding!
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WITH THE EXCLUSIVE NON-TIP CARTON STAND—10¢ & 25¢ SIZES

"I go for the tube"

AND NOW THEY'RE BACK—15¢ & 25¢ SIZES

again...voted the nurses' favorite white shoe cleaner

Some like it in the bottle—some like it in the tube—but either way, nurses from coast-to-coast again in 1947 voted GRIFFIN ALLWITE their favorite white shoe cleaner, because . . .

- **IT MAKES SHOES WHITER** actually whiter than new.
- **CLEANS WELL**
- **RESISTS RUBBING OFF**
- **EASY TO APPLY**
- **SAFE FOR ALL WHITE SHOES**

So, to keep your shoes always white, always bright, keep *both* forms of GRIFFIN ALLWITE on hand. In the bottle for home use . . . in the tube for carrying in the bag.

new and better GRIFFIN ALLWITE

A Nutrition Handicap Which Must be Avoided

In a recent study,† it was shown that subjects who skimped or skipped breakfast entirely failed to receive their daily nutritional requirements in the other two meals of the day. Hence breakfast not only serves to forestall morning hunger and fatigue, but also provides the organism with a good store of essential nutrients needed daily.

Virtually all nutritionists agree that breakfast should supply from one-fourth to one-third of the daily caloric and nutrient needs. The cereal serving—consisting of hot or ready-to-eat breakfast cereal, milk and sugar—is a universally recommended breakfast component. It contributes many essential nutrients, including biologically complete proteins, B-complex vitamins, and important minerals.

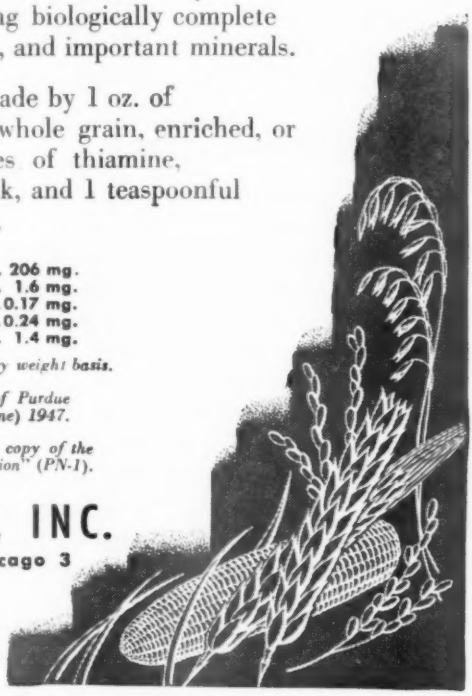
The quantitative contribution made by 1 oz. of ready-to-eat or hot cereal* (whole grain, enriched, or restored to whole grain values of thiamine, niacin and iron), 4 oz. of milk, and 1 teaspoonful of sugar is indicated by this table.

Calories.....	202	Phosphorus..	206 mg.
Protein.....	7.1 Gm.	Iron.....	1.6 mg.
Fat.....	5.0 Gm.	Thiamine....	0.17 mg.
Carbohydrate.	33.0 Gm.	Riboflavin...	0.24 mg.
Calcium.....	156 mg.	Niacin.....	1.4 mg.

Composite average of all breakfast cereals on dry weight basis.

†*Jackson, P., and Schuck, C.: Dietary Habits of Purdue University Women, J. Home Econ. 39:334 (June) 1947.*

Nurses are invited to send for a complimentary copy of the brochure "Cereals and Their Nutritional Contribution" (PN-1).



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The presence of this seal indicates that all nutritional statements in this advertisement have been found acceptable by the Council on Foods and Nutrition of the American Medical Association.

R.N. Speaks: A NOTE OF O

As DECEMBER CLOSES the door on another year, a not-too-old committee with a shortened name, the Committee on the Structure of National Nursing Organizations optimistically faces the professional future with a new sense of solidarity and high aspirations.

Following out the house of delegates' mandate, the Joint Structure Committee (as it is more popularly known) met on November 11 and 12 in New York City—the first meeting of this group where the ANA members had complete freedom of voice and vote. The results set the stage for a new cooperative program for organized nursing. This was accomplished with no few obstacles—many of which are still to be hurdled.

That these meetings were successful and culminated in a—not unanimous, but workable—meeting of minds is hopeful. The going wasn't easy. It was a series of considerations, concessions and compromises on the part of each of the representatives of the six national nursing organizations. The majority of Committee members went into these two days of meetings with unity of action as their goal and determination as their by-word. As Miss Hortense Hilbert, the re-elected chairman, put it, they were "determined to find a middle ground upon which all six organizations can seek greater unity."

The Structure Committee, which dropped the word "Joint" from its title, at the request of the ANA Board adopted new rules under which to operate. Formerly the Committee operated under a set of by-laws. It could have been fear that this Committee might become incorporated and set itself up as another national organization, that prompted the request for the change. If this fear was present it was not altogether groundless, for committees sometimes become powerful enough to usurp the powers and duties of their parent organization.

The new "rules" created an executive committee of 12, including two representatives from each of the participating organizations—

OPTIMISM

NLNE, ANA, NOPHN, ACSN, NACGN and AAIN. Also under the new rules, the ANA has 18 representatives on the Committee and the other five organizations have six representatives each. In addition, the president and the executive secretary or headquarters director of each of the six organizations continue as members, which brings the total Committee membership to 60. Although recommendations were made to the ANA from various states at the house of delegates meeting in Chicago that it re-allocate its membership on the ANA Structure Committee to give a greater proportion to private duty and general staff nurses whose special interests are not represented by any of the other five national organizations, ANA, instead, asked for *12 additional* members (six from private duty and six from institutional). After much discussion, ANA abandoned this plea and accepted the compromise of *six additional members to be distributed as it pleases.* As it stands, there are three ANA members to one from each of the other five participating national nursing organizations.

A special finance committee of seven was appointed to coordinate

and handle the fund raising of the Committee—one member from each of the six organizations and one from the Nursing Information Bureau. A budget of $40,000 was drawn up for 1948 to be collected as follows:

15 cents per capita from each organization with $5.00 per member agency	$28,000
ANA contributed a check at the meeting for 1947	5,000
To be obtained from direct appeal to nurses	7,000

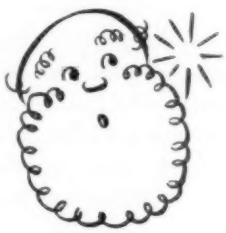
On the matter of future financing the ANA committee members disapproved any approach to foundations for additional funds.

At these meetings, the Structure Committee was chiefly concerned with how to get ahead with the tasks assigned to it by the Boards of Directors of the six organizations which had met jointly on the two preceding days, November 9 and 10. [*Continued on page* 58]

THE RIGHT SIDE OF THE LAW

by Christine R. Kefauver, R.N.,
Attorney at Law

JUST WHERE DOES nursing stop and doctoring begin? One definition, that stated in New York law, holds that "practicing medicine" is to diagnose, treat, operate or prescribe. In legal language the law states: "A person practices medicine who holds himself out as being able to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition, and who shall either offer or undertake, by any means or method, to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition." This definition is broad enough to cover every possible contingency, and nurses should have no difficulty in determining the limits of their authority.



There are exceptions, of course, and the exceptions here are those bounded by common sense in cases of emergency, such as poisoning, premature birth or any type of accident that calls for prompt treatment—but this must be emergency treatment only. To stay within the law, in such instances the nurse should send for the doctor immediately and administer first aid only until the time of his arrival.

First aid will have to be pretty much a matter of discretion. The giving of a hypodermic injection without a doctor's order would *not* be first aid as it necessitates a diagnosis, selection of a drug, its administration and clearly constitutes practice of medicine. The only exception to this rule is when a doctor, who will be unavailable at times, has left standing orders for the administration of a specific drug or hypo, or a certain course of treatment to be used on the appearance of certain specified symptoms until he can be reached. This is considered first aid.

What are the conditions under which a nurse could reasonably be charged with the illegal practice of medicine? On a private duty case or in public health work, she would be considered guilty by suggesting medication; by tentative diagnosis; by treatment (other than first aid and pending the arrival of a doctor) and advising special care and medical treatment of babies or children in the family. However, it must always be remembered that whether a person is guilty of practicing medi-

cine without a license, within the meaning of the statutory exception, is a question of fact to be determined by the court. Therefore, the best advice as to what constitutes the practice of medicine is "when in doubt, don't do it."

The question often arises—can a nurse be held responsible for injury to a patient when merely carrying out the doctor's orders? The answer is certainly yes, if such treatment or medicine administered is prohibited by law. This would include giving medicine or treatment which is intended to cause abortion, or assisting the doctor in performing one. The nurse is held as guilty as the doctor.

Negligence, of course, is never excused, and a nurse is always judged guilty if a patient is injured as a result of her negligence. She is also guilty if the patient is injured as a result of the nurse acting in a capacity or in a manner in which she is not qualified to act.

The nurse definitely has legal responsibilities. She is under an ethical, professional and legal obligation to carry out all the doctor's orders regarding the patient or patients; to see that emergency orders are left for the critically ill, and to have all medication and the means for administering it in readiness for instant use. The responsibility of a general duty nurse or a nurse in the employ of a hospital is shared by the hospital and negligence could be very costly to the hospital if damages were assessed against it by the court. Remember that nothing relieves the nurse of liability for negligence, direct or contributory.

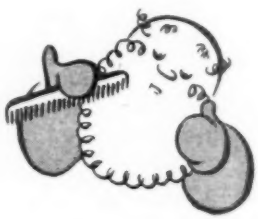
Negligence could include any of the following:

- Leaving dangerous drugs where a child or incompetent person could get them.
- Using oxygen without prominently displaying a warning against smoking or using electrical appliances in the same room.
- Leaving doors or windows unguarded when the patient is a child, an incompetent or a delirious person.
- Applying a too-hot water bag to an infant, young child, very old person or a patient who is unconscious.
- Adding dry ice to a cold application or an ice bag.
- Doing or failing to do anything whereby a patient could injure himself or others.

It is always wise for a "special" or private duty nurse to keep a diary. It need not be voluminous—just the name, address of a patient, diagnosis, physician in attendance, dates and also any unusual circumstances that

might arouse doubts or suspicions.

In a recent murder case a patient's husband, a pharmacist, took a prescription left by his wife's physician out of the hospital, had it filled, and brought it back to have the nurse administer it while he was there. Although she thought it was a peculiar procedure at the time, she thoughtlessly destroyed the remainder of the mixture and discarded the bottle. Tragically, her patient died two hours after taking the medicine. The nurse in that case, with suspicions aroused, should have wrapped the bottle, labeled it with the time, contents, how administered, by whom obtained, and delivered it to the superintendent of nurses with a complete explanation.



If the superintendent of nurses had not been interested, the nurse could have kept the number of the prescription, the name of the druggist compounding it and the doctor who prescribed it; better still, she could have kept the container as well. Fortunately, such events seldom arise, but under peculiar circumstances where the nurse's suspicion is aroused she would be justified in taking every precaution to protect herself and assist justice.

There are many instances in which the private duty nurse may find herself called upon to give evidence in court concerning civil cases in which she has been nurse of either the complainant or respondent. Must she testify? If she is served with a subpoena (a court order calling upon her to appear) she must do so or be liable for contempt of court. If she is served with a subpoena *duces tecum* (an order to produce all the books and papers pertaining to the case), she should consult an attorney and get his advice as to which papers, if she has any (i.e. daily chart, prescriptions), are privileged or not. Additionally, there may be a question of ownership—whether the papers are the property of the nurse, the doctor or the patient. Remember that the law of each state differs and the nurse, to be safe, should have legal advice from an attorney practicing in that particular state.

What are privileged communications? Any information of a personal nature, relating to the patient's physical or mental condition, past or present, which was necessary in such capacity, is privileged and a nurse may refuse to answer on that ground.

When subpoenaed as a witness to an accident, to what may a nurse testify? The nurse should tell all of what she actually *saw* or *heard*, and not draw any inferences from it; that is, she saw the person struck by an automobile driven by a man or a woman, the license number of the car, if possible, description of the car, and what the driver did.

Generally, a nurse can rely on her common sense to keep her on the right side of the law.

A STORY NEVER TOLD

by Ernest F. Condell, R.N.

IT WAS BITTERLY cold at three that particular morning, the kind of weather that made a freezing can of C-ration stew seem a little on the unappetizing side. I was exhausted. We were in Germany and it was no time for a baby to be born.

Our billets were in a German hotel not far from the filthy, stable-like shacks crammed with triple-decked bunks and reeking with the stench of many bodies. These shacks gave shelter to several hundred Russian slave laborers, both men and women. The only attempt at sanitation was "honey buckets" in the far corners. The people were highly skilled technicians, therefore of value to the Germans. Watery, vermin-infested soup made from potato peelings was not their lot as it was for their colleagues in other camps. The food they ate provided sufficient nourishment for them to carry on at their machines and drill presses in a huge factory nearby where they worked under the strict and brutal supervision of German guards. The kind of place that manufactured everything from Volkswagons to V-2 bombs.

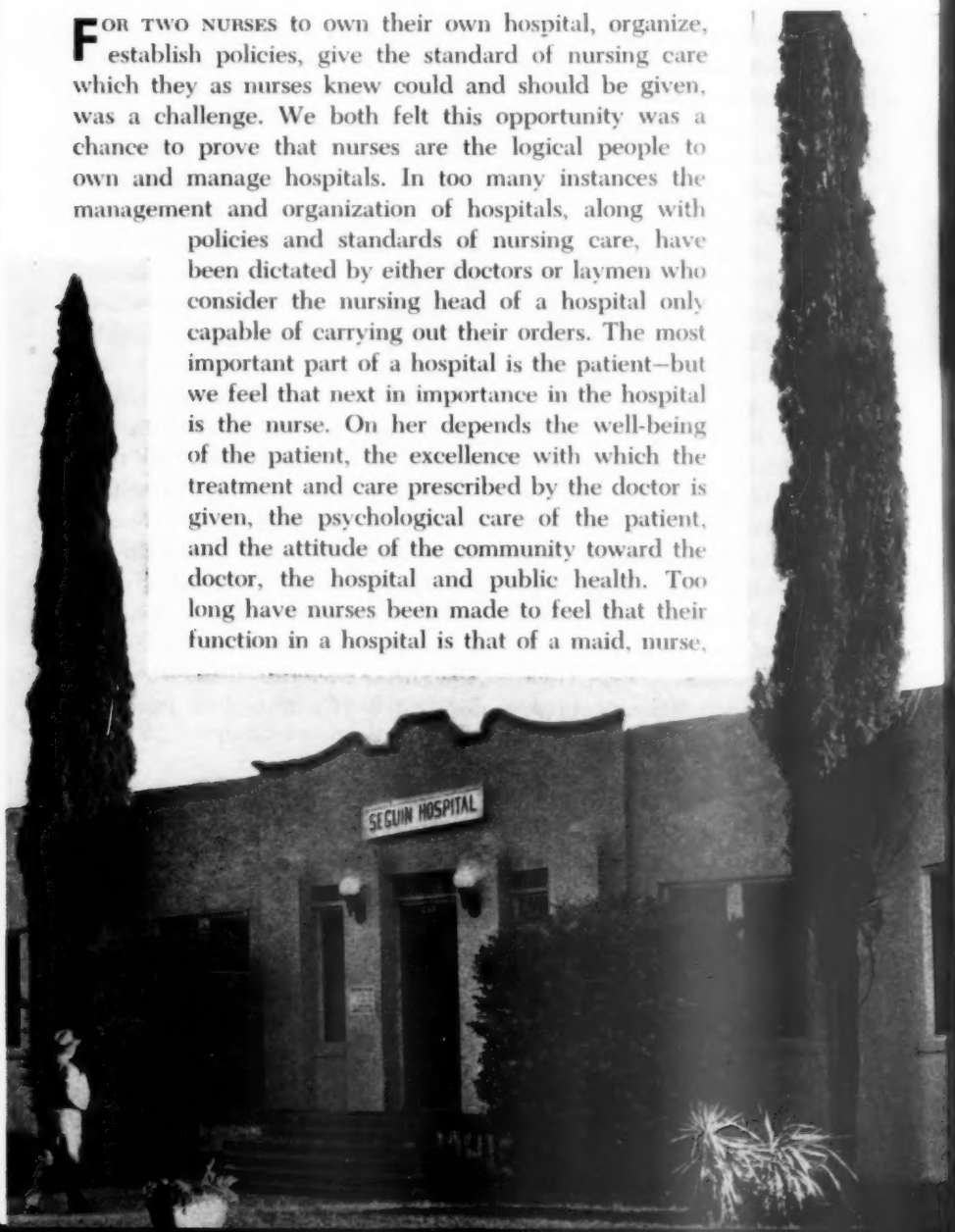
A heavy snow was falling and our billets were like the inside of a butcher's ice box. What warmth we felt from our sleeping bags and Army blankets was hardly enough to keep our teeth from chattering.

Out of the cold bleakness of this German night came a frantic pounding on the door that woke me. Opening the door I found one of the Russian slave laborers. He could not speak English but even though I was groggy and fatigued from the lack of sleep, it was obvious from his gestures that a woman somewhere in those stable-like shacks nearby was about to give birth.

We were medics of a combat battalion equipped to deal with the agonies of wounded men. Our tools consisted mainly of battle dressings, morphine, bandage and plasma. When there was time and with the aid of a grimy, worn booklet of prayer we gave some vestige of comfort to a wounded Yank on his way out. Now here was this man who was desperately [*Continued on page* 78]

WE BOUGHT A HOSPITAL

FOR TWO NURSES to own their own hospital, organize, establish policies, give the standard of nursing care which they as nurses knew could and should be given, was a challenge. We both felt this opportunity was a chance to prove that nurses are the logical people to own and manage hospitals. In too many instances the management and organization of hospitals, along with policies and standards of nursing care, have been dictated by either doctors or laymen who consider the nursing head of a hospital only capable of carrying out their orders. The most important part of a hospital is the patient—but we feel that next in importance in the hospital is the nurse. On her depends the well-being of the patient, the excellence with which the treatment and care prescribed by the doctor is given, the psychological care of the patient, and the attitude of the community toward the doctor, the hospital and public health. Too long have nurses been made to feel that their function in a hospital is that of a maid, nurse,



by Sarah Hazard, R.N. and Dorothea Siepmann, R.N.

mother-confessor, and a convenient scapegoat of the public for the mistakes that have occurred in hospitals.

It was not a dream of long years nor a conscious plan of either of us to own a hospital. We happened by chance to learn that the Seguin Hospital (Texas) in which one of us had been doing private duty was about to be put up for sale. The former owners, two of whom were nurses, were advanced in age and wished to retire, but due to the exigencies of war had remained at their posts of duty. The building was a modern structure, and we felt that it would lend itself admirably to the kind of hospital we would like to own. Although small, it had well-planned rooms, adequate closet space and a floor plan that was practical. The average patient load during the war had been ten, and we were told that during the depression years the patient load had been very much lighter. We knew that the community needed an up-to-date hospital, for the former nurse owners had by their diligence and patience taught hygiene and public health, and had educated the people to the fact that the hospital was the place in which to have their operations and their babies. Formerly the home or the doctor's office had been used for these purposes. The population of the town had ranged from 5,000 to 8,000 prior to the war, but now it had increased to an estimated 12,000. This was the only hospital in Guadalupe County of approximately 50,000 people.

There was a seemingly endless number of factors to consider before we decided to buy the Seguin Hospital. It was a guess, of course, as to whether or not we could make a go of it, but we could arm ourselves with concrete facts about the town of Seguin and the economic status of the community. Seguin, the county seat in Guadalupe in south-central Texas, seemed like a mighty [*Continued on page* 64]

THE R.N. ANESTHETIST

by Edith A. Aynes, R.N.*
M. A. A. N. A.

THE AMERICAN ASSOCIATION of Nurse Anesthetists held its Annual Convention in connection with the American Hospital Association's Convention at the Kiel Municipal Auditorium in St. Louis, September 22-25. It was the fourteenth such convention held since the establishment of the Association in 1931.

Comparatively speaking, anesthesia as a field of service open to graduate nurses has had little discussion in our professional circles, probably due to the fact that during the past 20 years anesthesia has been considered a field separate from nursing. There have been good reasons for this separation, but the time has come for nurses everywhere to understand the situation confronting them and to view all segments of professional nursing under one single, unified heading. Our greatest need as a profession today is to look and work toward the future, not in individual groups, not as individual nurses, but together as women who have educated themselves in such a way as to be of enormous benefit to a nation suffering from a terrific headache due to health problems.

"The strength of nurses lies in cooperation," Miss Louise Knapp, Director of the School of Nursing at Washington University (St. Louis)

*[The author, a major in the Army Nurse Corps and recently elected to the Board of Trustees of the AANA, will continue discussion of the R.N. Anesthetist in a forthcoming issue.—THE EDITORS.]

told the anesthetists on the final day of the meeting. In one of the most significant addresses of the convention, she recalled that not so long ago when our professional members approached congressional leaders for Federal funds to aid our schools of nursing, they found them exceedingly agreeable, even eager to help, but when some tangible action was to be taken, these same legislators received so many different answers from our professional groups that

they became confused and suggested that we "get our own members together before attempting to approach Congress." Congressmen, no different from others of our lay public, do not think in terms of "nurse anesthetists," "public health nurses," "industrial nurses," "nursing educators," "private duty" or "general duty" nurses. They think of the profession as a whole. That does not mean that our professional groups should lose their identity; that they should form a large, unwieldy, undirected group. But it does mean that the "strength of the profession lies in co-operation."

Few nurses not immediately interested in anesthesia are acquainted with the possibilities of the field, or with the official organization, the American Association of Nurse Anesthetists, that directs it. This Association, with about 500 members, was not founded until 1931, although the first school for nursing anesthetists was established by Agatha Hodgkins under Dr. George Crile at the old Lakeside Hospital in Cleveland prior to World War I. The purpose of the organization was to extend the training of nurses to give anesthetics and to make sure that the training kept pace with the technical advances in the field of anesthesiology, comparable to the aims of NOPHN, NLNE, ACSN, NACGN and AAIN. The work of the Association is invaluable for the reason that the administration of anesthesia requires more than a knowledge of techniques. A sound background in science, preferably in physics and chemistry and advanced courses in organic chemistry and physiology, are important, as well as experience in staff nursing for one or two years with additional surgical experience.

Many graduate nurses are afraid to enter the field of anesthesia because of the current opposition of medical men to the nurse-anesthetist, yet Miriam Shupp, director of the

University Hospital's School of Anesthesia in Cleveland, stated less than two months ago that "letters, telegrams and long distance calls come in almost daily to our department office requesting nurse-anesthetists, requests that we cannot fill. These requests, some of them urgent pleas, are not only from hospital administrators, surgeons, dentists and nurse-anesthetists, but from medical anesthetists as [*Continued on page* 72]

"Faith if it hath

THE NURSING PROFESSION today needs above all else a spiritual renaissance. We nurses need to reaffirm our faith in the indestructability of nursing. Regardless of how we manage or mismanage its affairs, the purposes and values of nursing remain pure and good and infinitely alive. We need to revitalize our trust in the purposes and good will of our fellows. As we reshape our organizations to meet the claims of a new era, so must we also reshape our concepts and practices of brotherhood. We need a brand new set of rules of human relations.

Today in the vortex of a transition so big that few realize its full import, we are confused. We scold each other; we suspect the motives of those with ideas different from ours. In recent months I've heard nurses in responsible positions passing on rumors and suspicions that are unworthy of adults. We are pessimistic, and our pessimism has communicated itself to student nurses. We've dimmed for them the light of hope and idealism that guided us in student days.

It's high time to stop this business of generating despair. We need light; we need realism; we need faith. We have enduring values on which to fasten our faith. There is nothing wrong that cannot be remedied; there are many things right that give bright promise. The Structure Study brought us confusion, but it also unearthed a rich lode of gold. Not in decades have nurses been so keenly alive to the values of good organization and the member's part in it.

The majority of nurses are open-minded; they want only what is best for the profession and society. Being human, we do have our strata of the power-hungry. We do have our strata of those who believe Providence ordained them to rule. We do have a layer of stubborn die-hards and another of nurses who believe that movement in itself is progress, but usually the majority is reasonable.

We need to realize *why* we are in our present state of change. Never have there been greater problems or greater opportunities. In the past 15 years hospital bed occupancy has increased 100 per cent, the nurse population but 13 per cent. The universal demand for better health brings universal demands for more nurses. Yet educators warn that lowered birth rates plus the new fields open to young people will probably give us fewer candidates for nursing education.

Professional nursing must be used with greater economy. Professional nurses must have better rewards both in today's cash and tomorrow's

not works is dead . . . "

by JANET M. GEISTER, R.N.

security. Nursing education, both graduate and undergraduate, will need revision. And with all our hearts we hope that the demands of psychosomatic medicine for "personalized" nursing care will restore to bedside nursing its former dignity. We've gone "off the beam" in underplaying the values of bedside care and overplaying those of college degrees. There is room for both.

We're in the grip of a new era. A study of our organizations to gear them to this new era was as inevitable as daybreak. This study is in itself the biggest job we've ever had. It is bigger than any of us; it is bigger than all of us. Like the rest of mankind struggling to find better ways of managing itself, we have to *grow up* to the job. We've got to stretch new mental and spiritual muscles. We cannot do the job in an atmosphere of suspicion and pessimism. Some of the conditions of nursing are forever right.

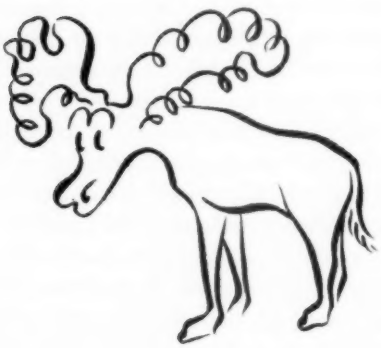
We cannot do the job if we are afraid of each other. None of our organizations is in itself sacred; only purposes are sacred. Some nurses want the ANA to go on exactly as it is; others want it radically changed. Does this difference in ideas make us "enemies"? Yet with depressing frequency I hear the phrase, "She's gone over to the enemy."

Our first example in dispelling fears should come from the top, and I ask a pertinent question. What is it in our relations with each other or with the public that demands so much legal protection? I verily believe that I hear oftener the phrase, "The lawyer says—," than "The members say—." Why? What is the nature of the affairs that command so much legal attendance?

Or is it that we must be safeguarded from each other? If that be true, then we should all know the facts. We members must know how seriously ill we are. For almost thirty years I've walked with nurses in all parts of the country. My cries against the militarism in nursing that stifles debate and deadens initiative have been constant. But my faith in the integrity of the purpose of the average nurse has never for once wavered. In democratic mem-

bership we should not need protection from each other; we should not need it unduly in the execution of our purposes. In our business affairs there are phases that require legal attention, but when this mounts high we have a right to wonder what is wrong with our faith. Faith is a basic ingredient in democratic organization.

The Good Book says, "Even so, faith if it hath not works is dead, being alone." A dead faith is the



kind born of wishful thinking. But the faith that is built around, upon and in "works" is alive. What are the works we need to restore and invigorate faith? Last month I exhorted nurses to get better informed on nursing affairs—to use fact, not opinion, in forming judgments. Now I urge that they acquire the productive art of trading ideas.

Ideas are the motivating power of all human action. The Empire State Building was once just a flicker in a man's mind. Everything we have, everything we do, is the result of ideas. We put gas in the tank to make our cars run. We put ideas into the pattern of our lives and into our organizations to make them run. If the gasoline or the ideas are inferior we fail on the hills, but if they are good we can top any grade.

The best way to test ideas is to bring them out in open discussion. If they are good ideas they will weather the test. If they are "half baked" they show up quickly when exposed to public view. Good ideas don't get born easily. We begin to get them by asking questions. The Lord gave each of us a splendid help—our sense of curiosity. The way we use this gift marks the degree of our progress. If our curiosity relates only to hemlines and hairlines,

then there is tarnish on our gift. But the way nurses are asking questions today shows a high polish!

In times past the question period following an address to nurses was usually dull and perfunctory. Today, however, a talk, especially if it is on the Structure Study, brings the liveliest, [*Continued on page* 84]


AUSTRALIA'S
FIRST FLYING NURSE

SISTER MYRA BLANCH is an airborne Florence Nightingale to hundreds of Australians in the great "Outback" country; home of the rabbit, the dingo dog, sheep and the isolated families that eke out a living in the near-wasteland. The first Nursing Sister to be attached to the Flying Doctor Service of Australia, she assists the New South Wales Flying Doctor in cases that entail traveling hundreds of miles by plane, car, truck, horse and sometimes by camel-drawn conveyance. She has conducted a medical survey of the vast area, 400,000 miles square, and gives health lectures on the Flying Doctor's pedal-operated radio.

Much of her work is preventive medicine and she has given all types of innoculations to the "Outback" people. She also nurses serious cases in their homes and cares for children when mothers become sick or must be flown to a hospital for operations. Most of these families have no neighbors to call on for help and Sister Blanch is the most dependable "neighbor" they know although she may be hundreds of miles away.

Basing her operations in Broken Hill, a government plane flies her on regular rounds or on off-schedule trips when emergencies arise. "Fortville," the homestead pictured, is about 300 miles by air from Broken Hill and 100 miles by car (a two-day or two-week trip depending on the weather) from the nearest town.

Sister Blanch's report to her head office is recorded here in part to describe the activities of Australia's first flying nurse:

April 2 . . . Sanpah Station at the end of a hot 40 mile drive through sand hill country. 'Twas a welcome sight, the whitewashed homestead set against a background of red sand hills and box trees. We had heard over the network that there were several cases of whooping cough there and the mother of the large family was having to manage on her own, the father being away. The aerial ambulance took me as far as the nearest landing field that was considered by our pilot to be safe at the time and I traveled to Sanpah by motor car through the courtesy of the manager of a neighboring station. The water supply here is from a bore and the water is hard, brackish and quite useless for gardening purposes. Sand hill country will grow anything with good water, and a vegetable garden would be an immense asset to these people, supplying fresh greens to supplement the inevitable diet of mutton and mashed potatoes with lots of sauce and bread and jam. Left Sanpah and on to Pimpara Lake. Four children there and all have colds and one with conjunctivitis. On to Pincally the next day. Two children here and not very healthy to my mind. Chronic colds plus frequent bouts of conjunctivitis. The mother attempts to

Arrival of Sister Blanch and Pilot Woolcock is an event for the homesteaders at Fortville. The father is in charge of a section of "dog fence" which keeps dingoes and rabbits from entering the sheep and cattle country. Sister Blanch brings fresh fruit for the children. Fruit is such a luxury that it takes some of the "hurt" out of innoculations. Face nets, fly protection, are "musts" for "Outback" children.

keep nets over their heads to ward off the flies, but the nets are usually on the back of their heads and not over the eyes. Also diet is far from satisfactory. This area is a real dust bowl.

April 7 . . . Left there for Lake Wallace in one of the worst dust storms I have experienced. Lake Wallace is 11 miles from Pincally but the surroundings are very different. Having plenty of good bore water, they have managed to get a good growth of trees about the homestead, also a lawn. Six children—bonny, healthy, young Australians and NO SORE EYES. Returned to Tibooburra with the local police constable. The trip took just one week. My principle impressions were the readiness of people to cooperate in the matter of transport, and the regrettable prevalence of what the people concerned just described as "sore eyes" and "colds." The eyes, we are convinced, are definitely infective and the infection passed from one to the other by flies; also, in some cases, by mothers ignorantly using the same face cloths when cleaning children's faces. Nets worn right over the face and tied under the chin have been frequently advocated by Doctor. However, the children usually have half the net in their mouths with a dozen or so flies thickly clustered about the moist portion — a convenient way of spreading summer diarrhea and dysentery. Still, we advocate nets. The diarrhea is epidemic but conjunctivitis seems to be always with us. The chronic cold, we think, is largely a catarrh caused by the continual irritation of mucous membranes by dust.

April 19 . . . Went to Fortville. This is the first section on the Queensland side of the fence. The cottage is 11 miles from the corner and it is here where the telephone lines of the Queensland and South Australian sides connect. The cottages on Queensland side are older and have no fly wire around the verandahs. None of the children here had been immunized against diphtheria, so I arranged to return later and commence a series of injections. The parents are willing to cooperate. From there journeyed to Warri Gate on the Queensland fence by way of Wompah. While at Wompah saw a patient who had his foot trodden on by a horse; fortunately no bones were broken. At Adelaide Gate the sand is piled high against the canegrass fence.

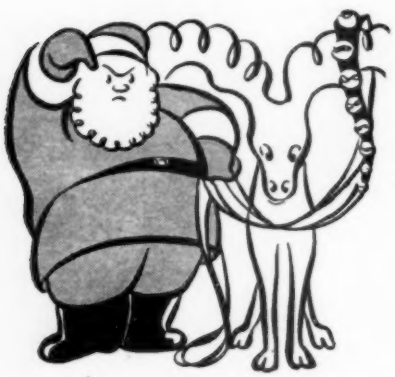
April 28 . . . Alas, poor Innamincka! This area has not been fortunate enough to share in the recent rains and the river has not flooded from up north, either. The area is dry and barren. From there, on by His Majesty's Mail for Narylico Station in Queensland. Returned to Tibooburra to find a stack of mail. Reports and observations to write on the Border Fence survey.

VITAMIN THERAPY

is not just a FAD

WITH THE GIGANTIC but imperative task of helping to feed the starving nations of the world and the cost of living rising with no end in sight, Americans are bluntly faced with "reduce your daily food consumption, or else . . ." All of which means that the already hard-pressed housewife is going to have to start juggling the family rations to keep her brood healthy and contented. Meatless Tuesdays and eggless Thursdays are fast focusing the emphasis on the importance of an adequate diet for maintaining health and energy rather than on food in terms of abundance only. In these trying times, when we are helping to feed the world, we should be aware of the danger of nutritional deficiencies in our own country.

Even in ordinary times in the United States early deficiency conditions were more prevalent than was recognized. With the additional burden of postwar economic adjustment, poor nutrition is fast becoming a problem of great concern. Nutritionists, public health nurses, teachers and parents, who usually have more frequent contact with the patient than does the doctor, must be able to recognize those signs and symptoms that can lead to an early diagnosis.



In previous years studies showing nutritional failure were only valuable in relation to ill effects. When physicians stated that they had seen no evidences of malnutrition they really meant that the patient did not have beri-beri, scurvy, pellagra or xerophthalmia, according to the text-book pictures. In order to find out what happened before the final state of malnutrition set in, Dr. H. D. Kruse of the Milbank Memorial Fund, New York, and his co-workers devised a set of tests for diagnosis of the early state of malnutrition. A sensitive study of the effects of diet on the tissues gave them what they needed—corneal tissue for riboflavin deficiency; the conjunctiva for vitamin A; the gums for vitamin C; and the tongue for niacin.

They selected ordinary people,

none of them ill, and immediately found a whole range of conditions in the so-called normals, with the range extending from slight to conditions that fell just short of a complicated picture. First clue came with riboflavin in which they noted ocular manifestations. Eyes were red and lacrimating and the people complained of ocular fatigue. When given riboflavin they recovered in the dramatic space of 48 hours.

The next thing they noticed was that New York high school children, sitting near a window, were often sensitive to light. Was this a riboflavin deficiency? Although the children showed a sign that suggested such a deficiency they did not respond to riboflavin medication until eight months after it was first given, but the eyes were normal at the end of that time. There was but one conclusion. All the past thinking about dramatic responses of severe cases to vitamin therapy must be reconstructed. No matter the type of deficiency – subacute cases take months to cure and the chronic cases may take years.

Colored slides of actual cases in riboflavin deficiencies showed the blood vessels of the eye to be very apparent and the cornea vascular. After 62 days of vitamin therapy there was a great deal of improvement, but it took more time for a complete cure. In a vitamin A deficiency the conjunctiva was thick, opaque and lacked the customary lustre. In niacin deficiencies the tongue appeared too smooth and regular and the characteristic redness was indicative of the subacute or chronic state. One slide of a young girl showed her tongue to be flat, sharp at the edges and she complained of something scraping the roof of her mouth. When niacin was prescribed her tongue started to reconstruct. Unless the last stage has been reached the condition is not irreparable although it does take time to reach the completely reversible state. Another case, a vitamin C deficiency this time, showed the gums red, swollen, pitted, ulcerated with loss of tissue and receding from the teeth.

Dr. Kruse's next discovery was that chronic avitaminoses are very common and that there is nothing racial about them, for they occur in all races, all over the world. In studying a large group of Negroes in Harlem the identical tissue signs were evident and except for color they showed no difference from the New York [*Continued on page* 56]

PAPER CONTAINERS——

BOON TO HOSPITALS

by Virginia Harrell

IN THIS DAY of the vanishing nurse, the valiant few remaining find they must do considerably more than just "line of duty." Understandably, any work-easing innovation is good news to the overworked R.N. Not the least of these innovations has been the switch-over, by many hospitals, from the use of china crockery to

light-weight, sanitary paper cups and paper plates.

The idea for using paper service really gained momentum during the war when nursing staffs were critically depleted and the majority of dish washers had become riveters or service men. Paper service proved its worth at that time and since has been adopted by an ever-increasing number of hospitals.

The Los Angeles County General Hospital in Southern California was one of the first hospitals to make a complete change from crockery to paper service. Some of the Los Angeles General nurses were skeptical when the change was made in 1941. The hospital authorities weren't at all sure that it was going to work, either. None of them knew whether the patients would accept the paper cups and plates that are usually associated with the informality of picnics and box lunches. True, there was some grumbling from those who will always resist change, but the proof of the pudding is in the eating and paper service is still being used in the Los Angeles General. It is no longer a wartime necessity for the hospital—it is now merely the most practical solution to inexpen-

sive, sanitary tray service. What's more, a vast majority of the patients like and approve the paper service!

Almost 10,000 meals are served daily at Los Angeles General where everything is conducted on the grand scale. Sprawling over 56 acres on the edge of the densely populated central section of Los Angeles, the main elements of the hospital comprise an Acute Unit in addition to units used for treatment of communicable diseases, tuberculosis, and psychiatric disorders. There is also an Osteopathic Hospital. Total capacity is more than 3,600 patients, of

whom 2,500 can be treated in the Acute Unit.

Although primarily a County Hospital for care of the acutely sick indigents, treatment is also available to all persons, regardless of financial status, who have a communicable disease, need psychopathic study or emergency treatment.

The Acute Unit, a 20-story building completed in 1933, has 76 wards, each consisting of a series of small rooms built around the nurses' station which allows segregation of patients according to physical condition and treatment. Each ward is a

complete nursing unit with its own serving kitchen, treatment rooms and other service facilities.

For such a large number of people, the feeding operations are in themselves of interest. All the food is prepared in mammoth central kitchens, and distributed to the wards in insulated carts having big compartments that are filled along a cafeteria assembly line. Carts which are destined for distant parts of the hospital are hooked together in a train and towed by an electric tractor that operates in a tunnel under the ground. Paper service has particularly proved its worth in the instance of these carts. The tunnel and tractor had long been used for conveying laundry and other lightweight supplies back and forth, but until the installation of paper service the weight of crockery was excessive. Formerly it was impossible to haul the food trucks through the tunnel.

When the food trucks reach the serving kitchens, the individual trays are turned over to the nurses for routing. Twenty former kitchen helpers were transferred to the ward kitchens to help in the serving of the food. Everything from soup to dessert is served in the germ-free paper dishes, soup bowls and sectional grill plates. All water, milk, fruit juices and coffee are served either in hot or cold drink paper cups. A few patients complained at first that the flavor of their hot drinks was spoiled by the taste of the paper. This was soon adjusted by making sure that the right kind of hot drink cup was used. Any scattered complaints after that were usually matters of imagination.

Manage- [*Continued on page* 60]

JOINT BOARDS MEET

RUTH SLEEPER, president of the NLNE and chairman of the Joint Boards of Directors' meeting, reported on November 11th to the Committee on Structure the action of the Boards which pertained to Committee work. The Boards accepted the eleven recommendations which the Committee on Structure made to its parent organizations in August, but made changes in some of them. The six Boards in joint meeting voted:

1. That a joint committee be continued under the name, Committee on the Structure of National Nursing Organizations.
2. That each of the six national nursing organizations have representatives on the Committee on Structure, all of whom are free to exercise voice and vote in the joint work of the Committee, and that the present numerical membership of the Committee on Structure be continued with the addition of six members from the ANA.
3. That the future work of the Committee on Structure be to:
   (a) Study and recommend effective machinery for coordination among the organizations.
   (b) Study and recommend further structural changes. These recommendations are to be submitted to the Boards of Directors of the six sponsoring organizations for approval. Reports of the Committee in original form are to be submitted to the organizations' membership along with Board action regarding the Committee recommendations.
   (c) Release informative material directly to the membership of the organizations.
4. That the member agencies support the work of the Committee on Structure by some equitable method agreed upon, within reasonable limits of their financial capacities, and that a committee be formed of the six organizations to propose this plan, and to make suggestions for further steps to be taken to meet total budget requirements.

Each of the next six actions provided for the setting up of working or subcommittees of the Committee on Structure, each with equal representation from the six organizations, with the following functions:

5. To study and plan ways in which an effective organization for nursing service and education can be developed as early as possible, and to bring its plans back to the Committee.
6. To study and plan ways in which ANA may absorb the functions of the NACGN.
7. To analyze the organizational activities and functions of the various national nursing organizations as they relate to industrial nursing, and to formulate recommendations leading toward unification of these interests.
8. To study and report to the Committee on Structure ways in which non-nurse membership may be provided for on a basis satisfactory to all six organizations. This motion stipulated that "in whatever organization or organizations may be established professional nurses should retain sole control over all professional matters."
9. To propose appropriate relationships between official associations of professional and practical nurse groups, now that differentiation between professional and practical nurse duties, and the functions and standards of the various nursing auxiliaries are more clearly defined.
10. To study the necessary machinery for the possible development of the nursing specialties.

The final recommendation of the Structure Committee was approved by the Boards in this abbreviated form:

> 11. That the Committee on Structure study experiments in coordinated action on the state and local level with a view to utilizing procedures that may have worth in the national structure.

In addition, the six Boards voted that the Committee on Structure should sponsor no field work at this time. If the Committee believes field work is necessary, it is to place a detailed plan for the activities it wishes to carry out before the Boards of the six organizations for approval.

"INFLATED TO A CLOUD"

Hospital deficits that, by comparison, were "no bigger than a man's hand a year ago, have been inflated to a cloud covering the horizon for a large number of professionally high grade hospitals," warns Roy E. Larsen, president of the United Hospital Fund of New York City. "Unless the cloud is lifted," he predicts, "some of the hospitals may be forced to close their doors." He blames the high cost of wages, medical supplies and food for the increased operating deficits.

NEW ANC HEAD

Following the retirement of Colonel Florence A. Blanchfield in September, the appointment of Lt. Colonel Mary G. Phillips to fill the vacated directorial post was announced in Washington. The new Chief of the Army Nurse Corps accepted the post in a formal ceremony at the Pentagon, in the Office of the Surgeon General on October 2. Born in Reedsburg, Wisconsin, Colonel Phillips entered the Corps in 1929 and during the recent war served both as Deputy Superintendent and as Director of Nurses in the Pacific Theater of Operations. She is a graduate of the former Army School of Nursing in Washington, D.C., and of Columbia University. For her wartime work she was awarded the Legion of Merit and Army Commendation Ribbon.

COMEDY OF ERRORS

A distinguished visiting doctor with a slight foreign accent was saved from a dose of his own therapy at a recent VA manual therapy convention. During the confusion of the hospital being beseiged by visi-

tors, the visiting doctor, when queried by an attendant, replied "but I am a doctor." The attendant who doubtlessly came straight out of "Harvey" answered, "They all say that," and reported to the office a man having trouble with his speech and claiming to be a doctor. "Put him in a cold pack" was the order. A colleague saved the doctor just in time. To complete the comedy, another visitor, an instructor, spent five hours locked in a washroom.

FRAUD

A woman in Pennsylvania was recently visited by a young girl who claimed to be selling magazines under government sponsorship to secure funds for training nurses for overseas duty. According to the subscription solicitor's story, the government had selected 200 young girls to enter training school this fall and, upon completion of the three-year course, they would be sent overseas to do rehabilitation work.

In order to finance this program, the young lady claimed, an equal number of girls from the nursing profession had been selected to go out in various cities and solicit magazine subscriptions for a period of 30 days.

There is no basis for the story and nurses are asked to cooperate in exposing any further instances of this fraud by getting in touch with their local Chambers of Commerce or Better Business Bureaus.

Probie

"God rest ye merry, gentlemen . . ."

THE CLINIC SHOEMAKERS

TWELFTH FLOOR -- SHELL BLDG.
1221 LOCUST STREET
SAINT LOUIS 3, MISSOURI

Memo;

Attention; *Young Women in White*

Because most nurses and other "Young Women in White" know that correct footwear is vitally important to foot health and continued comfort, we hope you will take time out to let us tell you about "Clinics", the finest professional footwear made in America.

"Clinic" white duty shoes and "Clinic Off Duty" walking shoes in either brown or black are both designed to give nurses the same splendid service they give to others.

"Clinic" white duty shoes are available in Smooth Elk, Crushed Kid or Bucko Calf leathers and are skillfully fashioned for both smart appearance and comfortable fit. Careful construction insures service under the most exacting conditions. What's more, "Clinic Shoes" are made with either flexible white nap or leather soles ... both give the silent, secure footing so necessary in professional work. White soloid heels and white nap top lifts, spring nap or regulation heels -- whichever you prefer -- all are of superior quality and guarantee longer wear. A truly complete range of sizes fills any requirement. Last, and proverbially not least, white "Clinic Shoes" are easy to clean and easy to keep clean.

Economically priced at $7.95 and $8.95, depending on leathers, "Clinic Shoes" are an outstanding value in professional footwear.

The same exacting craftsmanship and selected leathers that have made "Clinic" white duty shoes a favorite with "Young Women in White" everywhere are also available in brown or black "Clinic Off Duty" walking shoes. "Clinic Off Duty" walking shoes combine the same smart styling, skillfully woven into solid comfort -- to give your feet the "after hour" protection "Clinic" white footwear provides on duty.

"Clinic Off Duty" walking shoes are available in Gloveal or Glovelk, either brown or black, at $7.95 and $8.95, depending on leathers.

"Clinics" are sold by leading merchants in every state of the Union. If you don't find a "Clinic" dealer close by, write us and we will send the name of your nearest dealer immediately.

Walk in comfort as well as style -- make your next pair of shoes a pair of "Clinics".

Nothing Could Be Finer

J. F. Keith

President

P.S. Four popular "Clinics" are shown on The Next page

UNITED STATES

White Bucko . . . $8.95
Suede $8.95
Crushed Kid . . . $8.95
White Glovelk $7.95

THE CLINIC SHOE

for Young Women in White

CANADA

White Bucko . . $11.95
Suede $11.95
Crushed Kid . . $11.95
White Glovelk $10.95

RETAIL PRICES

SMOOTHIES MODEL
Brogandi White Crushed Kid
Duflex Napline White Sole,
12/8 White Heel and Toplift
also leather sole

DELUXE MODEL
Hunt-Rankin's Top Grade White Bucko
or Brogandi White Crushed Kid
Duflex Napline White Sole.
12/8 White Heel and Toplift

OFFICIAL N.I.T. MODEL
Nurses in Training
Hunt-Rankin's Top Grade White Bucko
or White Glovelk
Duflex Nap White Sole and Spring Heel

COOLFUT MODEL
White Glovelk or
Brogandi White Crushed Kid
Duflex Napline White Sole,
10½/8 White Heel and Toplift
also leather sole

Nothing could be finer

Vitamin Therapy

[*Continued from page* 47]

white group. In Manitoba, Canada, where Indian villagers had subsisted for years on a diet of flour, lard, sugar, tea and a few fish and small game, there was such an extreme lack of vitamin A that they were compelled to wear dark glasses at all times. Here was another angle of the study. Was snow blindness related to riboflavin deficiency? The scientists feel there is some relationship but placed that subject on a future agenda. Similar conditions were found in Newfoundland among the pure Scotch-Irish stock that populate the coastline. Even though daily fare was enriched by government order, the investigators found the typical gums of vitamin C deficiency. In addition to eye conditions indicative of riboflavin deficiency they also discovered that the lips were coarse and had roughened lesions at the angle of the mouth.

In other words the whites and Negroes in New York, the Indians and the Scotch-Irish in Canada, all evidenced the same types of deficiencies. They differed only in severity and frequency. What was the relationship to other conditions?

While there is no proof that tuberculosis and nutrition are directly related, the mortality rate and the poorest nutrition are highest in the tubercular. In Newfoundland the infant and tuberculosis mortality rate is three times as high as that of the United States and Canada. In Harlem the tuberculosis rate is five

times that of the whole United States. In the Indian group 1,400 out of 100,000 die of tuberculosis. More than ever the survey group was convinced that these figures, coupled with what they had seen, indicated that nutrition had a definite bearing on the tuberculosis rate.

How often have you heard a person mention that he hasn't been feeling well lately; has no appetite or strength; is nervous and irritable and can't seem to concentrate on any one activity? And, as a nurse, you have undoubtedly been questioned by mothers who notice that their children are slow to progress in sitting, standing and walking; don't sleep well; have repeated colds and are backward in school. How frequently people consult oculists for burning, watery eyes only to be told they do not need glasses. You may say these are very commonplace symptoms which we all are subject to at some time or other but, actually, they may be the first indications of too few vitamins in our diet.

To say that these signs always point to inadequate nutrition would, of course, be an overstatement—they are tentative and merely suggest. However, because this condition is insidious and may go unnoticed for years, 80 per cent of the sufferers feel no sharp handicap—onset is gradual and therefore the recession is also gradual.

If we are going to be "penny wise" and not "pound foolish," we had better look to the *kind* of food we buy for the least pennies, not how much.

—By Carolyn Valentine, B.S.

Optimism

[*Continued from page* 29]

Six "nuclear" working committees were set up to study professional problems throughout the country. The members of the Structure Committee, one representative from each of the six organizations as the "nucleus" of each subcommittee, will develop working units for regional and area study. A special "clearing" committee made up of representatives from all six organizations also was established to coordinate the work of the six groups. Recommendations that came out of the first meetings of these subcommittees concerning their composition, budget and how they should proceed have already been given to the executive committee.

With the preliminaries over, the job is now begun in earnest. Although, unfortunately, we can't turn back the clock and make up a lost year, there is all indication that the hampering reins of fear and delay have been at least partially removed. Partially, because there *was* great difficulty encountered in establishing a satisfactory mutual philosophy. The majority of members wanted the Structure Committee free to make its study, draw its own conclusions and then make its plans before referring back to the Boards of each organization. In other words, if each step were to be referred to the Joint Boards, the delay and expense involved would be great. Finally it was agreed upon that all specific recommendations would first receive the Joint Board's approval but that all informative materials would go directly to the membership from the Committee on Structure.

A study is now underway. Whether we agree with the findings or not, the results will benefit us all. In a year of groping and confusion, we have been awakened to a most startling revelation—we know very little about our professional organizations and the nurses who operate their machinery. Now that we *are* awake, no more will we be willing participants in the "making of windows that shut out the light, and passages that lead to nothing."

ALICE R. CLARKE, R.N.

Must

INCREASED IRRITATION

follow

INCREASED SMOKING?

PEOPLE are smoking heavily . . . far more than ever before. To *minimize* nose and throat irritation due to smoking, may we suggest the cigarette *proved** definitely and measurably less irritating . . . PHILIP MORRIS.

This proof of PHILIP MORRIS superiority is dependent *not only* upon laboratory evidence, but on clinical observation as well. Research was conducted *not by anonymous investigators, but by recognized authorities* . . . and published in leading medical journals.

The fact is PHILIP MORRIS advantages result directly from a *distinctive method of manufacture* described in published reports.

**Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154; Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60; Proc. Soc. Exp. Biol. and Med., 1934, 32, 241; N. Y. State Journ. Med., Vol. 35, 6-1-35, No. 11, 590-592.*

PHILIP MORRIS

PHILIP MORRIS & CO., LTD., INC
119 FIFTH AVENUE, N. Y.

Paper Containers

[*Continued from page* 49]

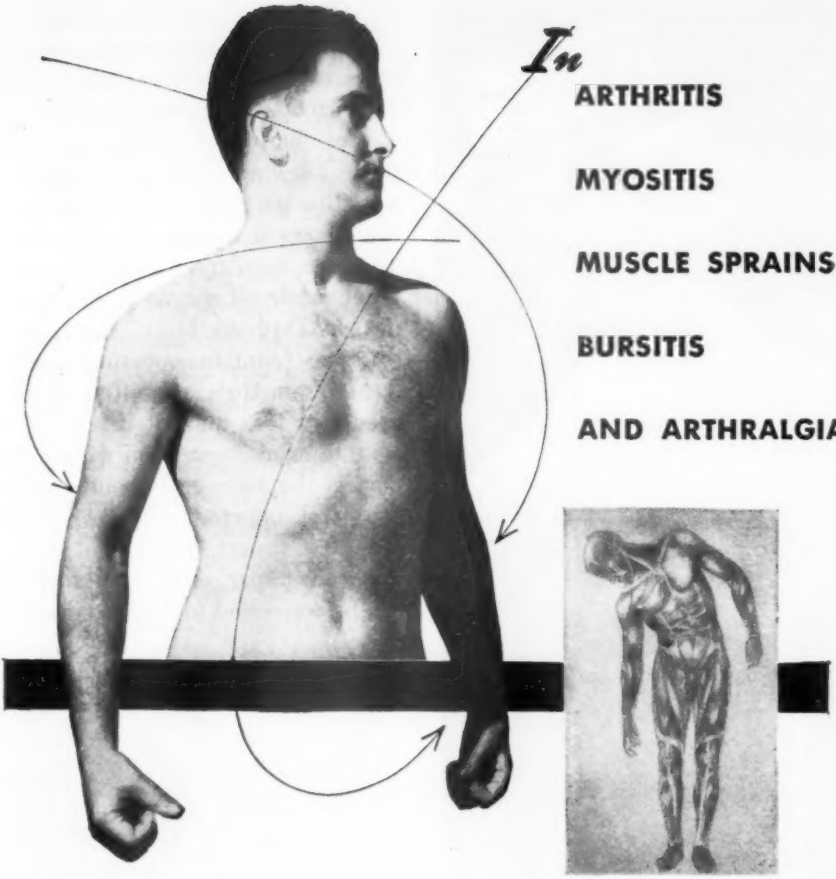
ment claims to be more than satisfied with the results of the venture, and with the overall annual saving of $40,000 in breakage, equipment replacement and personnel costs. They point out that one of the most important advantages gained has been cutting the sanitary risk to almost zero. With ordinary crockery it is possible that dishwashers can be guilty of not maintaining a sufficiently high water temperature to assure sterilization. Paper service has done away with the worry of cross-infection. This consideration has even greater significance in a communicable disease hospital such as TB sanitariums. Many of these institutions have found paper service a real solution to an always pressing problem.

In this group is Sea View Hospital on Staten Island, New York, where patients enjoy both a view of the broad Atlantic Ocean and the spires of Manhattan. According to Mr. Gerard Jakobi, Assistant Superintendent of Nurses, paper utensils have been in economic use there for almost a year now. They are used in three of Sea View's eight buildings.

In America's oldest hospital, historic Pennsylvania Hospital in Philadelphia, paper service is used not only for meals for the patients, but also in the student nurses' cafeteria, which is a model of modern efficiency and sanitation.

Private hospitals, such as New York City's Polyclinic, have also found paper service practical and satisfactory. For the past 15 years patients at Polyclinic have been eating desserts, jams, relishes and butter from paper utensils, with custard baked in waxed paper cups a favorite of long standing. Hospital heads give paper service particular credit for simplifying the transfer of food from the main eleventh floor kitchen to the serving kitchens.

Paper service can also be recommended for the private duty nurse who has a contagious case. A tactful suggestion to the household that paper service should be used on the sick tray will mean protection for the rest of the family as well as saving them the bother of sterilizing



In

ARTHRITIS

MYOSITIS

MUSCLE SPRAINS

BURSITIS

AND ARTHRALGIA

OBJECTIVE IMPROVEMENT may be achieved through the beneficial influences exerted on the pathologic processes by the active hyperemia induced by a Baume Bengué massage.

SUBJECTIVE IMPROVEMENT is evidenced by a comforting sensation of warmth and relief of pain which may result from the combined local and systemic effects of Baume Bengué.

Percutaneous absorption of methyl salicylate not only reinforces the topical effects of Baume Bengué but can enhance other systemic measures used to combat the underlying disease processes. The proof of the systemic effects of such preparations was established by the fundamental work of Moncorps, Kionka, Hanzlik, Brown and Scott.

Baume Bengué
ANALGESIQUE

Baume Bengué provides 19.7% methyl salicylate, 14.4% menthol in a specially prepared lanolin base.

THOS. LEEMING & CO., INC., 155 E. 44TH ST. N.Y. 17

dishes. If the patient is a child, he will find eating fun when served a meal tray filled with bright colored paper cups and containers.

The industrial nurse has long been familiar with paper cups as a routine part of her health program. She knows that some drinking fountains are safe, from a health standpoint, while others can be as dangerous as Typhoid Mary. Even those drinking fountains meeting modern design standards are often so misused that it is difficult if not impossible to drink from them without exposing the face and mouth to the splash of infected saliva. With the aid of a faucet attachment and a stack of paper cups, any fountain can be converted into a safe drinking place.

On-the-job feeding, which during the war assumed such significance in every high speed production program, is another place for modern paper service. Many large plants now employ mobile food units which, equipped with food and sanitary paper service, roll right down the plant aisles delivering hot meals to workers. The mid-mealtime snacks of milk and sandwiches have proven themselves great boosters of health, morale and production.

Every day paper service is being put to new and better uses. Rapidly it is being recognized as contributing to the efficiency of the handling of food by making the operation swifter, cleaner and safer. In fact, it is fast becoming *essential* in health protection and care of the sick.

Bought a Hospital

[*Continued from page* 35]

good location to us. The Guadalupe River flows just south of the city limits and Seguin is on the main highway east and west between Houston and San Antonio.

Economically, we discovered that the community was stable, had been relatively unaffected by the depression in the '30's and had an average yearly family income of $2,000. Looking into the support of the town, we found it was mainly agricultural: cotton, corn, feedstuff and pecans. Manufacturing was secondary but increasing in importance for the community. A steel rolling plant had recently been added to the list of diverse industries.

We could get no specific reasons from the Chamber of Commerce for the unusual wartime growth in population. They felt that this was all natural growth and that we need not fear a population shift. Seguin, they assured us, had enjoyed a steady growth for 100 years and had never experienced a regression in population. The townspeople seemed thrifty and conservative and we looked with favor on the fact that the small town supported three banks and the Texas Lutheran College. Everything pointed to a safe investment of our time and money. Perhaps what helped most in our decision was the town motto, "Some Bigger, None Better." This typified the attitude of the people who are extremely proud of their town.

[*Turn the page*]

Merry Christmas, Miss Miller...

Dear Miss Miller:

You work hard.

It is no easy task to turn 27,000,000 boys and girls into healthy, intelligent citizens. Yet in your quiet, effective way that is what you and the million other teachers of America's children are helping to do. And you are doing it in spite of generally inadequate pay scales, overcrowded classrooms, and widespread indifference to your problems.

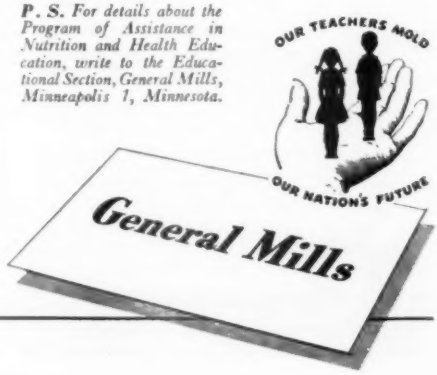
We cannot forget that our company has a very real stake in the results of your guidance and leadership. Quite suddenly these boys and girls of yours will become the workers, the farmers, the stockholders and the customers upon whom we depend for existence.

Helping you to plant the seeds of good citizenship seems to us to be sound business. That's why, for example, we are cooperating to the fullest with those organizations seeking to improve your working and living conditions . . . why we are working with educators in a joint Nutrition Education program.

And so, Miss Miller, we want you to know that our "Merry Christmas" to you this season carries with it sincere thanks and appreciation for the vitally important job you are doing.

Yours sincerely,
The Men and Women
of General Mills

P. S. For details about the Program of Assistance in Nutrition and Health Education, write to the Educational Section, General Mills, Minneapolis 1, Minnesota.



From the information given us by the former owners we prepared a budget assuming we would have a patient load of ten per day. We took the trial budget, our Veteran's Eligibility certificates and our courage in our hands to the Reconstruction Finance Corporation Office in San Antonio, Texas. Neither of us had sufficient personal collateral to warrant a loan of the size we were asking. The Reconstruction Finance Corporation made the loan to us on the strength of our Veteran's Guaranty, our personal qualifications and the indisputable need of the community for a hospital. A loan of $26,000 for 20 years at a low rate of interest was granted. It took approximately two and a half months for the final papers to be signed and authorized, but since we knew the loan would be granted we used this time to buy supplies, to organize nursing procedures, to set up our kitchen, to acquaint ourselves with wholesale buying and to acquire vitally essential equipment. There were many things we could not do until we were actually in operation, but we tried to anticipate our most immediate needs.

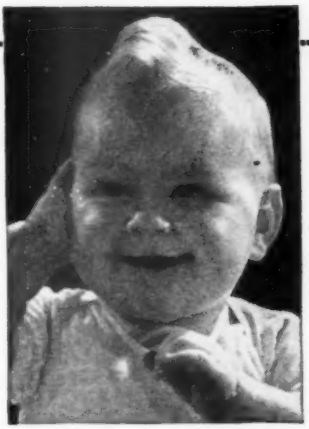
Arranging the administrative schedule was not difficult. Our diverse personalities and equally diverse job-experiences made the division of duties fairly simple, though the arrangement is quite elastic. One of us acts as administrator, establishes policies, buys drugs and hospital supplies, keeps accounts, hires and fires personnel, holds nurses' meetings and acts as scrub nurse in the OR. The

Ideal For The Toddlers In Your Care—

Heinz Vegetables With Lamb And Liver

A Tasty and Nutritious Blend of Lamb, Chicken and Lamb Livers, Milk and Selected Vegetables

THIS appealing combination of meat, vegetables and milk—Heinz Vegetables with Lamb and Liver—makes a well-balanced main dish for the older babies in your care! It's mildly seasoned —and chopped to a particle size that promotes baby's easy chewing! You can recommend all Heinz Junior Foods with confidence — for they're backed by a 78-year quality reputation!



TODDLERS also enjoy the other Heinz Junior Foods — such as Chopped Spinach, Pineapple Rice Pudding and Creamed Diced Vegetables!

HEINZ
VEGETABLES
WITH
LAMB & LIVER
57 VARIETIES
MADE BY
H.J. HEINZ COMPANY

A 78-Year Reputation Backs the Complete Line of

Heinz Baby Foods

CEREALS • FRUITS • VEGETABLES
MEAT FOOD PRODUCTS • DESSERTS

other buys all foods, plans menus, buys housekeeping supplies for the hospital and acts as circulating nurse in the OR. Both of us are on 24-hour call for emergencies and deliveries, since our 3-11 and 11-7 shifts are skeletal. There is no clear dividing line in authority, because "two heads are better than one," and we work best together.

Our staff consists of four graduate registered nurses besides ourselves and six undergraduates. Those who are untrained in hospital routines are taught to give baths, carry trays, clean rooms and generally assist the registered nurses. Our undergraduates are paid a salary about one-fourth less than the graduates and have the same allowances. All medications and treatments, along with

care of newborns, are entrusted only to registered nurses.

We have been fortunate in securing a good staff and disciplinary problems are not common. Many of our staff are older than we, but they have returned our trust with loyalty. We do not belong to the school of rigid employer-employe relationships, believing that as we merit respect we will be given it. Our experiences thus far have borne out this belief. Our staff agrees wholeheartedly with us in enforcing rules to patients and visitors, and each new rule added or changed is discussed before being established.

We do not have regularly scheduled nurses' meetings, since our time is not always our own, but for the first year we had call meetings on an

average of once a month. Our staff has had few changes and now a meeting is called only when a procedure is instituted or a disciplinary problem arises.

We definitely would like to employ a larger graduate staff but, in common with hospitals everywhere, we are forced to do the best we can with what we have. Our undergraduates are mature women who have raised families and have had job experiences which have proven their common sense and loyalty.

The 12 practicing physicians in Seguin have been enthusiastic in their cooperation and support. Within the first week of ownership of the hospital, we called a doctors' meeting. All of the doctors responded, and at the meeting we told them the policies we were setting up and asked for their approval and suggestions. The policies were formulated with their help, and as changes have been made in the past year the doctors have been notified of our intentions by circular letters. Their approval or disapproval has been the deciding factor in the adoption of any change.

The multitudinous problems of buying, managing, personnel and of community well-being, which we accepted when we bought the hospital, have been met by us with as much understanding and recognition of the problems involved as by a doctor or a layman administrator. Being nurses ourselves, however, has added an unlooked-for and very important factor: not only the loyalty and respect of our nurses' staff, but the respect and wholehearted support of the doctors and community for doing nursing in its fullest application.

[Sarah Hazard and Dorothea Siepmann have many combined years of nursing experience to qualify them for the move they made in buying the Seguin Hospital.

Miss Hazard received her nurse's training at Baylor University Hospital in Dallas, Texas, and went on to get a B.S. degree from the University of Texas, completing 90 hours of pre-medical study. In 11 years of nursing she has covered most of the field from office to industrial nursing. During the war she served as charge nurse in neuropsychiatric sections of Army General Hospitals in India and China.

Miss Siepmann was graduated from the Brackenridge School of Nursing in Austin, Texas, and was retained as head nurse of the surgical section of her training school hospital. During her tour of duty with the Army Nurse Corps she served as head nurse in plastic surgery and the burn section of an Army General Hospital in England. After the war was over and before she was returned to the United States, she served as Information and Education officer for the nurses in her hospital.—THE EDITORS.]

Why Sportswomen Use TAMPAX

Summarizing 27 years of health work with some 2600 adolescent girls, a prominent Director of Physical Education recently stated: "The use of TAMPAX makes it possible for many girls to enjoy without interruption one of the most pleasant and beneficial sports—swimming." After carefully testing results when TAMPAX was used in the school pool, she concludes: "Not a single girl has suffered any ill effect. There has been no discomfort, no fatigue, no change in the interval or amount of flow."[1]

• This experience with TAMPAX while swimming has been matched in numerous other athletic activities, so that today there are fewer and fewer "shut-ins" occasioned by the disadvantages inherent in vulvar pads.[2] TAMPAX's *safe*,[3,4,5] *internal protection* gives a *new comfort*[2] and *freedom* thoroughly appreciated by active women everywhere.

• May we send samples of the three absorbencies —Regular, Super and Junior?

TAMPAX *The Internal Menstrual Guard of Choice*

REFERENCES:
1. J. of Health and Phys. Education, March, 1943.
2. J.A.M.A., 128:490, 1945.
3. West. J. Obst. & Gyn., 51:150, 1943.
4. Am. J. Obst. & Gyn., 46:259, 1943.
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The R.N. Anesthetist

[*Continued from page* 37]

well." Dr. Frank R. Bradley of St. Louis, Mo., stated in the February issue of the *Journal of American Association of Nurse Anesthetists* that because of the nurse-anesthetist's particular qualifications, "she should be available in the ratio of 10:1 for every physician-anesthetist.

"There is at present a definite reluctance on the part of physicians to engage in any specialty which is not primarily connected with the dramatic treatment of acute diseases and accidents," writes Dr. Bradley. "It is well known that small numbers of graduates in medicine take up the specialties of anatomy, physiology or pharmacology, or administrative specialties such as the deanship of medical schools and hospital administration. Frequently, it is necessary to draft well-trained physicians for those specialties because so few enter them of their own volition. If that statement be reasonably true, then as long as the nurse-anesthetist is well trained and produces anesthesia in quantity and quality at a cost that is not prohibitive to the public, it is my sincere conviction that the medical profession and hospitals will use the nurse-anesthetist."

To reduce the problem to practical thinking, a quote from the January issue of the *JAMA*: "There are seven thousand hospitals in this country, but at most only a few hundred professional physician-anesthetists. They can conduct only a small fraction of

the anesthesias in the country. Who will handle the rest? Shall we return to the old custom of having the inexperienced intern or doctor who refers the patient to the surgeon administer the anesthesia? God forbid! The best solution to the problem then is to encourage the training of the nurse-anesthetist until there are enough physician-anesthesiologists to fill the demand." In June, 1939, the American Board of Anesthesiology reported that 87 physicians were then certified by the Board, 234 limit themselves to anesthesia and 466 specialize in this field without complete restriction of practice. At the present time there are nearly 4,000 members of the American Association of Nurse Anesthetists, and untold hundreds who do not belong are giving anesthetics either on a full or part time basis. (In 1939 there were 2,531 general hospitals which employed nurse-anesthetists.) In 1946 there were 165,629 physicians and surgeons in this nation of approximately 145,000,000 people—roughly one qualified doctor to each 870 persons!

In many states the administration of anesthesia has been ruled as the practice of medicine; in other states, with different wording, it has been ruled that the administration of anesthesia under the supervision of a doctor is the practice of nursing. In 1936, Dr. Irvin D. Metzger, then chairman of the State Board of Medical Education and Licensure in Pennsylvania, wrote: "Why has this branch [anesthesia] of medical practice been handed over to the nurse-

Those

PRECIOUS HANDS

Soap and water, disinfectants, cruel brushes, and alcohol conspire daily to undermine the appearance of nurses' hands. Not infrequently, the dry, harsh skin so produced becomes doubly susceptible to skin irritation, allergic dermatitis, and other eruptions . . . Tarbonis quickly overcomes the discomfort of these conditions and leads to their prompt disappearance. Presenting a unique extract of coal tar in a vanishing type base containing menthol and lanolin, Tarbonis is odorless, colorless and greaseless. It disappears quickly after mild inunction, and does not soil skin or clothing. Tarbonis is widely prescribed for the treatment of many forms of eczema and dermatitis, indolent ulcers, and whenever the action of tar is required.

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anesthetist when others are so critically guarded? Briefly, because the administration of anesthetics is essentially an art while other branches of medicine are largely a science. Art is acquired by experience, science by acquisition of knowledge. The technique in anesthesia, as in any subject, is learned scientifically but is applied artistically. A knowledge of the technique is necessary, but its *knowledge does not assure a skillful administration.* A maximum of science with a minimum of art would make a poor anesthetist; a minimum of science with a maximum of art might make a good anesthetist; a maximum of both, of course, makes the best anesthetist."

No one will deny that the anesthetist with a medical degree, who is skilled in the art of anesthesia makes the best anesthetist, but just so does the registered nurse, skilled in the newborn nursery, handle a baby better than the average woman. With a shortage of some 30,000 doctors in this country, the problem does not become one of adding more to each doctor's already over-worked schedule, but to make it possible for him to make his knowledge and skill available to greater numbers of patients. Far-sighted men in the field of medicine have already figured that "the registered nurse is the doctor's right hand" and are continuously looking for ways and means of making use of her knowledge and skill to augment his own ability in giving service to patients.

Basically, the nurse in anesthesia has two problems: understanding

and co-operation. These two problems, however, do not apply *only* to the nurse in anesthesia. They are the problems of every nurse in every field in the profession, to every doctor in the field of medicine, to every hospital administrator who is worried because of the shortage of doctors and nurses. The nurse in anesthesia then becomes an individual with a future to think about. What does the future hold for her as an individual? For anesthetists as a group? For the nursing profession as a whole? If we co-operate and do not understand, we are likely to be ignored and misunderstood. If we understand and do not co-operate, we are obviously stupid. If we neither understand nor co-operate, we deserve any future we may receive. In an effort to understand, let's discuss this subject further.

COVER CAPS

Remember the day you were "capped"—that memorable day when you earned the right to wear the distinctive cap of your own nursing training school? Didn't you want to show it off for all the world to see?

Whether yours is a simple winged cap or a fancy fluted-edge cupcake, you're proud of it because it represents the school of your choice.

How would you like to see your favorite cap on an R.N. cover? If you would, please send it to R.N., Rutherford, N.J., together with the name and address of your hospital. No cap will be returned, but all will be used on future covers.

Story Never Told

[*Continued from page* 33]

trying to convey that he wanted me to assist at the birth of a child. I, who had been in the midst of death so often and was drained of all emotion. It just didn't make sense.

Our battalion surgeon was young and inexperienced. He had not delivered many babies but maybe this would be an easy one. If it was, it would not matter one way or the other. Little did I suspect then, despite the bitter cold, that we would both be sweating over the woman trying to deliver a breach! After waking up our surgeon and giving him the details, we more or less reluctantly followed the father-to-be toward the shack and the crude wooden bunk where we found the woman in the last stage of labor. To have tried to deliver the baby there would have been sheer folly. There were only inches of space in which to move around. All the adjacent bunks were occupied with the occupants straining their necks over the side to watch the performance. The paralyzing cold would not have given mother or child much of a chance. She had to be moved! Minutes counted! The only place we knew was about a quarter of a mile away. It was a red brick two-story building hastily converted into an improvised hospital and full of German wounded. It lacked equipment and supplies but it was better than the rancid hole we were in. It was a matter of putting the Russian woman on an Army litter, shoving her in a weapons carrier and rushing her to the hospital. But our problems had only begun. We discovered that the only room that could be used was without electricity and heat. This long and narrow room furnished with a solitary rough, hard, rectangular table about three feet high and body length was our delivery room. We covered the table with an Army blanket and draped the woman with two more to keep her as warm as possible. A rolled up field jacket served as a pillow just for the sake of a little comfort. A flashlight provided the only source of light, throwing grotesque shadows on the walls of the bare room. It seemed like an unreal dream.

Why Serve Canned Foods

Serve canned foods because they are *nutritious.* Research shows that canned foods are good sources of protein, carbohydrates, fats, vitamins and minerals.

Serve canned foods for the fine *flavor* that is sealed in when foods are quickly harvested and canned; for *variety* because of year-round availability of foods from many parts of the country; for *economy* in money, work and time; and because of *convenience* to purchase, to transport, store on the shelf, and to use.

It is a natural tendency to ask "Why?". To answer some of the "whys" about canned foods the National Canners Association and the Can Manufacturers' Institute started in 1942 an extensive new program of research. This research program is still in progress. The work is conducted at several universities and colleges under the direction of recognized nutritionists.

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It was at this point when the captain discovered that it would be no easy, ordinary birth. A breach is a tough thing to handle. I couldn't help him much there. That was his job. With a can of ether hastily grabbed from a field kit and a mask made of gauze and cotton, I assumed my role as amateur anesthetist. It was from that point on that we both began to sweat. The maintenance of a sterile field was out.

Sepsis and asepsis were just two words. Time was the only important factor now and there was not much of that left. So the captain sweated and prayed—perspiration dripping off of his face. I sweated along with him. We were both tense and not a little scared. It was like a nightmare—the moaning and writhing of the woman as she lay on the wooden table and the nervous breathing of the captain. This must have been one time in his life when he wished he had delivered a thousand babies. The experience would have made things easier for him. Then by degrees it began to happen. Slowly, painfully, all three of us lived the moments one by one. Finally, the child was born. Without speaking we gazed at the apparently lifeless form lying on the blanket in the glare of the flashlight's beam. It was grayish white and completely limp. At first there was no cry to announce its arrival. Then suddenly there was a slight convulsive movement of the diaphragm—an opening mouth and a lusty wail! A couple of Yanks had brought a protesting Russian into this world! [*Turn the page*]

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WRITE FOR DESCRIPTIVE LITERATURE

A carrying case containing one vial of Acetone Test (Denco), one vial of Galatest, medicine dropper and Galatest color chart is now available at all prescription pharmacies and surgical supply houses. This is very convenient for the medical bag or for the diabetic patient.

Acetone Test (DENCO)... *Galatest*

THE DENVER CHEMICAL MANUFACTURING COMPANY, INC.
163 Varick St., New York 13, N. Y.

Neither of us spoke as we trudged back to our billets through the snow and past the shadowy outlines of the jeeps, trucks and halftracks standing so silently in the half light of the dawn. There was nothing to say. Each of us was preoccupied with his own thoughts. We had not as yet come back to reality. That is, not until reaching the billets when the events of the past few hours were abruptly and almost completely dispelled by the familiar and very welcome call, "OK, you guys, it's chow time!"

Looking out over the tailboard of a mud spattered Army truck the next day while bumping over the rough cobblestone streets and out of the little German town, I absentmindedly gazed back at the receding landscape, thinking of the experience of the night before and wondering what would come next. Suddenly I was aware of the GI sitting next to me as he slowly pushed his steel helmet to the back of his head, gazed around in wonder and said: "Holy Mother! Don't any of you guys know? It's Christmas!"

FREE TRAINING

For the first time in its history, the Philadelphia public school system is giving a free one-year course in practical nursing which has been endorsed by the nursing associations as well as the hospitals.

Enrollment is open to women between 18 and 50 with at least one year of high school education. Although tuition is free, there is a $28 charge for uniforms.

"Better half a loaf..."

Certainly half a loaf is better than none at all, but a full loaf is still twice as good. And in matters of therapy two halves are often more than twice as good as one.

In the treatment of obstinate skin conditions, for example, MAZON Ointment and MAZON Soap complement each other, and the combination is the treatment of choice.

For more than 20 years MAZON has been prescribed with excellent results in the therapy of acute and chronic eczema, psoriasis, alopecia, ringworm, athlete's foot, and other skin irritations not caused by or associated with systemic or metabolic disturbances.

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PHILADELPHIA PA.

Faith

[*Continued from page* 40]

stimulating kind of question period. "Little" nurses, unused to public speech, find the courage to rise with questions that have long been in their minds. Other nurses, equally shy, find the courage to speak on matters that have discouraged them.

This new freedom is the healthiest development we have in nursing. I've waited many years to hear these questions and to see nurses long silent become articulate. Questions and ideas haven't been lacking, but the opportunity and perhaps the courage to come out with them have. There are signs in the sky that we're in for a change, and it is good. Questions, the birth of new ideas, the free exchange of ideas —these are the roots on which democracy thrives.

When we learn how to put an idea into words we've won a victory. When we can stand up in district meetings and exchange ideas we've won true citizenship in nursing. We make much of our votes—and we should. But the heart of sound voting lies in the quality of the discussion that precedes it.

I believe that the new interest in organization and in our problems will result in much more district discussion than we have ever had. Anne O'Hare McCormick, commenting on the French elections, says, "There are no local elections any more." Every local issue or election has assumed national import, and vice versa. [*Turn the page*]

NURSES SPECIFY

Easier-to-apply LIQUID A-200 PYRINATE

Kills head, body, crab lice, and their eggs... on contact!

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B. A-200 is EASY TO USE. It has several distinct advantages... no greasy salve to stain clothing, quickly applied, one application usually sufficient. Especially recommended for children.

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Distances are shorter, issues clearer, and our interdependence so great that a seed planted in Iowa can carry fruit to every state.

The kind of discussion we have in our districts will determine our national program. It is the only way we can decide wisely what kind or kinds of organization we need. Talking things over together is one of the "works" that will make our faith strong, for when we meet on common ground there are no "enemies." There are only co-workers with a variety of ideas.

Ideas must clash—that is healthy and important, for in the end you and I must compromise on what the majority finds best. But the people holding ideas must not clash; that only generates heat and shuts off light. Every human has an inalienable right to his ideas and the right to express them. The degree in which we recognize this fact is the measure of our maturity.

Much of our weakened faith is due to our isolation from each other. We walk side by side, yet we are far apart. Our preoccupation with specialties, our militaristic traditions, our failure to put every member at ease in the district association, have kept us from knowing each other as we truly are. When, through the free exchange of ideas, we find the hearts and minds of all nurses, our faith will be restored. For in the hearts and minds of nurses are the sound ideas, the high ideals and the unselfish purposes that have made our profession truly great, and will make it even greater.

"Even soft water seems hard after a while!"

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Pacquins **HAND CREAM**

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ANESTHETIST: East. To administer anesthetics for clinic staffed by eight specialists; college town of 12,000 short distance from several large cities; $3,600. RN12-2, Medical Bureau (Burneice Larson, Director) Palmolive Bldg., Chicago 11, Ill.

ANESTHETIST: Washington. Surgery until noon; $300, private apartment. North West Registry, 3801 N. Pulaski Rd., Chicago 41, Ill.

ANESTHETIST: South. Fully approved, new, modern, general hospital; pleasant working conditions; $250, live in new nurses' home. Shay Medical Agency, R1, 55 E. Washington St., Chicago 2, Ill.

ANESTHETIST: Virginia. Need a third anesthetist for 170-bed, fully approved general hospital. Also Obstetrical Supervisor with postgraduate work. Department can accommodate 26 mothers and 26 babies. Also General Duty Nurses for medical, surgical and obstetrical depts. Meals on duty; 48-hour week; salaries commensurate with qualifications. Apply: Isabel M. Hutchison, Director of Nurses, Memorial Hospital, Danville, Va.

ANESTHETIST: Georgia. Eight-hour day, on call every third night and every third weekend; three weeks' vacation after one year's service and two weeks' sick leave annually; $200, maintenance. Apply: Administrator, Columbus City Hospital, Columbus, Ga.

ASSISTANT DIRECTOR OF NURSING: Maryland. Degree required; administrative experience preferred, salary open. Also Science Instructor, Obstetrical Head Nurse, Staff Nurses. Conveniently located hospital of 270-bed capacity, 90 students. Apply: Director of Nurses, Franklin Square Hospital, Baltimore 23, Md.

ASSISTANT PROFESSOR: Midwest. Pediatric Nursing. Duties consist of teaching basic students and graduate students in nursing education; university school of medicine; $4,500-$5,000; 10-month year. RN12-11, Medical Bureau (Burneice Larson, Director) Palmolive Bldg., Chicago 11, Ill.

ASSISTANT PROFESSOR: Midwest. Nursing Education. Duties consist of teaching and counseling graduate nurses engaged in major problem of nursing education; university school of medicine; $4,000-$5,000 for 10-month year. RN12-12, Medical Bureau (Burneice Larson, Director) Palmolive Bldg., Chicago 11, Ill.

DIETITIANS: Tennessee. Also two Laboratory Technicians and Floor Supervisors. Salary open. North West Registry, 3801 N. Pulaski Rd., Chicago 41, Ill.

DIETITIAN: Illinois. Must be member of ADA; 100-bed hospital; $250, housing situation good. Shay Medical Agency, R1, 55 E. Washington St., Chicago 2, Ill.

DIETITIAN: Pennsylvania. ADA registration preferred; $1,800-$2,100. Also General Duty Nurses; minimum $125, full maintenance. Also x-ray Technician able to take full charge of x-ray dept.; $150. Also Assistant Supervisor; $135, full maintenance. Semi-annual increases, vacation, sick leave, holidays, life insurance, retirement fund. Apply: Administrator, Northern Liberties Hospital, 7th & Brown Sts., Philadelphia 23, Pa.

DIRECTOR OF NURSES: East. Direct nursing in school; 20 students; $3,000 to start, full maintenance. Shay Medical Agency, R1, 55 E. Washington St., Chicago 2, Ill.

DIRECTOR OF NURSES: West. General hospital of 200 beds with approved nurses' training school; attractive resort region; $4,200. Aznoes-Woodward Bureau, 185 N. Wabash, Chicago 1, Ill.

DIRECTOR OF NURSING SERVICE: South America. Degree required; knowledge of Spanish advantageous; general hospital operated under American auspices; $4,200-$5,000. RN12-6, Medical Bureau (Burneice

Larson, Director) Palmolive Bldg., Chicago 11, Ill.

DIRECTOR, NURSING SERVICES: Wisconsin. Psychiatry; degree in nursing education or administration, or a major portion thereof; $304.52. Also nurse for 500-bed tuberculosis sanatorium; $232.52 for 48-hour week without maintenance. Maintenance furnished for temporary period of six months at $57.26 per month. Annual salary increments, annuity and retirement system. Apply: Milwaukee County Civil Service Commission, Room 206, Courthouse, Milwaukee 3, Wis.

DIRECTOR OF NURSING EDUCATION: Pennsylvania. B.S. degree with three years' teaching experience. Qualified to arrange program and teach basic sciences. Accredited school of nursing; 185-bed hospital; salary open. Apply: Woman's Hospital, Preston & Parrish Sts., Philadelphia 4, Pa.

GENERAL DUTY NURSES: Idaho. Clinic operated by group of doctors; completely modern bldg.; $225, bonus program. Shay Medical Agency, R1, 55 E. Washington St., Chicago 2, Ill.

GENERAL DUTY NURSES: Alaska. Relatively new hospital located on outskirts of one of larger towns; patients principally Indians and Eskimos; $175, maintenance. RN12-7, Medical Bureau (Burneice Larson, Director) Palmolive Bldg., Chicago 11, Ill.

GENERAL DUTY NURSES: North Dakota. Modern, fully-accredited, 70-bed hospital in college town of 10,000 population; 48-hour week. Excellent salary with board and laundering of uniforms. Building program in progress. Also need graduate Technician and Director of Nursing. Apply: Box J6-47.

GENERAL DUTY NURSES: Texas. $130; office nurses $130. Permanent night duty nurse $140. Modern 40-bed hospital provides full maintenance. Apply: Payne-Shotwell Hospital, Littlefield, Tex.

GENERAL DUTY NURSES: Oregon. Modern nurses' home with individual rooms; 280-bed hospital, 45-hour week, $180 less maintenance. Apply: Oregon State Tuberculosis Hospital, Salem, Ore.

GENERAL DUTY NURSES: Michigan. Eight-hour day, 5½-day week, all university holidays given with pay, sick leave, month vacation. Full cash basis, $195 minimum, $205 maximum, additional $10 for evening and night duty. Apply: Director of Nursing, University Hospital, Ann Arbor, Mich.

GENERAL DUTY NURSES (3): Texas. New 30-bed general hospital on Mexican border. Salary $150, full maintenance, 8-hour day, attractive nurses' home, increase after three months. Apply: Maverick County Memorial Hospital, Eagle Pass, Tex.

GENERAL DUTY NURSES: Washington. All shifts, $170-$210. Head nurses $180-$220. Supervisors $200-$240. Forty-hour week; laundry furnished; vacation. Apply: Supt. of Nurses, Yakima County Hospital, Yakima, Wash.

[Turn the page]

IT'S IN CALIFORNIA where only the sun works overtime.

A DIRECTOR OF NURSES is needed also supervisors for various departments and staff nurses. Reason: *new addition!*

The hospital is very beautiful and modern . . . the clientele quite exclusive. Each nurse on general duty is assigned only a few patients.

We feel you'd enjoy working in this hospital. Please call or write us for further details. Negotiations are conducted in strictest confidence.

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THE MEDICAL BUREAU
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ENERGINE SHOE WHITE

GENERAL DUTY NURSES: Ohio. General hospital of 52 beds; 8-hour day, 6-day week; holidays, vacation, sick leave. Salary $150-$160, maintenance. Apply: Supt., Bellevue Hospital, Bellevue, Ohio.

GENERAL DUTY NURSES: New York. Hospital 45-minute ride from New York City. Living accommodations in new nurses' home. Salary $210. Apply: Long Beach Hospital, Long Beach, N.Y.

GENERAL DUTY NURSES: Wisconsin. Hospital of 150-bed capacity on shore of Lake Michigan; 45-hour week; $200; $50 per month deducted for full maintenance if living in. Apply: Kenosha Hospital, Kenosha, Wis.

INDUSTRIAL NURSE: Illinois. Salary $200; 8-hour duty, 6-day week. North West Registry, 3801 N. Pulaski Rd., Chicago 41, Ill.

INDUSTRIAL NURSES: Chicago. Two; large industrial company in convenient location; $50-$55. RN12-8, Medical Bureau (Burneice Larson, Director) Palmolive Bldg., Chicago 11, Ill.

INSTRUCTOR, CLINICAL: Philadelphia area. For large approved hospital with accredited school for nurses and unusually complete facilities; $3,600, full maintenance, generous vacation and sick leave policies. Aznoes-Woodward Bureau, 185 N. Wabash, Chicago 1, Ill.

INSTRUCTOR, NURSING ARTS: Midwest. Hospital of 400 beds; freshman class ranging from 30-40 students; staff includes assistant instructor; $250, maintenance. RN12-9, Medical Bureau (Burneice Larson, Director) Palmolive Bldg., Chicago 11, Ill.

INSTRUCTOR, SCIENCE: Pennsylvania. Small school in residential town in eastern part of state; $250, maintenance. RN12-10. Medical Bureau (Burneice Larson, Director) Palmolive Bldg., Chicago 11, Ill.

LABORATORY TECHNICIAN: Indiana. Take charge of laboratory; $200, meals and laundry. North West Registry, 3801 N. Pulaski Rd., Chicago, Ill.

MALE NURSE: Illinois. Act in a supervisory capacity; $250 to start. Shay Medical Agency, R1, 55 E. Washington St., Chicago 2, Ill.

NIGHT NURSE: Michigan. For 11-7 shift in 20-bed general hospital serving four doctors; $212.80, good living conditions, fine food. Apply: Supt. Oaklawn Hospital, Marshall, Mich.

OPERATING AND DELIVERY ROOM NURSE: Michigan. Fifty-bed hospital; good salary and maintenance provided. Apply: Miss Black, 10149 Michigan Ave., Dearborn, Mich.

OPERATING ROOM ASSISTANT: Virginia. Also three general duty nurses. Eight-hour day, 6-day week; good salary; live in or out. Hospital of 26 beds located in foothills of Blue Ridge Mountains 40 miles from Washington, D.C. Apply: Loudoun County Hospital, Leesburg, Va. [Turn the page]

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SUPERINTENDENT OF NURSES: (a) South. Fully approved 105-bed general hospital; new modern nurses home; beautiful city; Salary $250, all meals. (b) Illinois. 60-bed general hospital; experience necessary; short distance from Chicago; salary $250, maintenance.

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DIRECTOR OF NURSES: Washington, D.C. Private institution of 307 beds; must be registered nurse; good manager. Attractive salary.

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PUBLIC HEALTH NURSE EXECUTIVE: Midwest. To direct public health agency; extensive experience pre-natal, infant welfare and pediatrics required; must have ability to direct large nurse staff; $6,000. RN12-14, Medical Bureau (Burneice Larson, Director) Palmolive Bldg., Chicago 11, Ill.

REGISTERED NURSES: New Jersey. Opportunity to take courses free of charge toward a B.S. degree, beginning February and September 1948. Board, room, laundry and tuition are given in return for part time assistance to the resident nurse. There is no monetary remuneration in connection with this position. However, there is some opportunity to earn money in the Montclair hospitals. Apply: Medical Dept., State Teachers College, Montclair, N.J. (Phone Montclair 2-2102).

REGISTERED NURSE: Northern California. Desirable opening in industrial hospital; locale famous for summer and winter sports; $2,400-$2,750 with full maintenance; pleasant living quarters. Aznoes-Woodward Bureau, 185 N. Wabash, Chicago 1, Ill.

REGISTERED NURSES: Illinois. For permanent position in Home for Aged near Chicago. Excellent working and living conditions. Nurse arranges hours. Full maintenance, salary open. Apply: P.O. Box 231, Hinsdale, Ill.

RESEARCH NURSE: New York. Interested in research in Metabolic Ward in large N.Y.C. hospital. Permanent position, 8-hour duty, 5-day week, $10 a day with duty meal, live out. Apply: Box HP-47.

SCHOOL NURSE: Midwest. Duties consist of directing health program in high school; fashionable suburb of midwest metropolis; $2,400; salary substantially increased if willing to take charge of parochial schools and serve as community nurse; car and expenses provided. RN12-16, Medical Bureau (Burneice Larson, Director) Palmolive Bldg., Chicago 11, Ill.

SUPERVISOR, ORTHOPEDIC: Midwest. For 100-bed children's hospital in university town; $2,400, full maintenance. Aznoes-Woodward Bureau, 185 N. Wabash, Chicago 1, Ill.

SUPERVISOR, PEDIATRIC: Michigan. Excellent salary and above-average working conditions. Shay Medical Agency, R1, 55 E. Washington St., Chicago 2, Ill.

SURGICAL NURSE: Southwest. Modern, well-equipped hospital averaging 50 patients; small town located at foot of mountains; excellent recreational facilities; $278, maintenance. RN12-23, Medical Bureau (Burneice Larson, Director) Palmolive Bldg., Chicago 11, Ill.

SUPERVISORS: Florida. Uniforms laundered, meals, $150. Apply: Supt., Centro Asturiano Hospital, Tampa, Fla.

SUPERVISOR FOR NURSERY AND MILK KITCHEN: Illinois. Six-day week, 8-hour day, vacation, $150, full maintenance. Apply: The Cradle Society, Evanston, Ill.

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